

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only  
41009

County of Greenville  
Township of Gallatin  
or  
Inc. Town of .....

Registration District No. 2505 Registered No. 138  
(For use of Local Registrar)  
City of ..... (No. .... St. .... Ward .....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mattie Corrad (If child is not yet named, make supplemental report as directed)

(7) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(8) Are Parents Married <u>yes</u>	(6) DATE OF BIRTH <u>Dec 12 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(9) FULL NAME <u>James Corrad</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Jones</u>			
(10) PRESENT POSTOFFICE OF FATHER <u>Gallatin R 3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gallatin R 3</u>			
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>52</u> (Years)	(18) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Georgia</u>	(13) OCCUPATION <u>Farming</u>	(19) BIRTHPLACE <u>Georgia</u>	(16) OCCUPATION <u>Housekeeping</u>	
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M.,  
Born alive or stillborn (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Midwife Heather Ross (24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
Alton S.C. R 1 Box 38

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Geo M. Higgins

(27) Filed Dec 20 1923 (28) Geo M. Higgins Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

THIS IS THE ONLY FORM TO BE USED IN THE STATE OF SOUTH CAROLINA FOR THE REGISTRATION OF BIRTHS. IT IS THE DUTY OF EVERY PERSON WHO KNOWS OF A BIRTH TO REPORT IT TO THE LOCAL REGISTRAR. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.