

(1) PLACE OF BIRTH

County of GreenvilleTownship of Bradyor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18914

Registration District No. 530Registered No. 10

(For use of Local Registrar)

2) Full Name of Child Matthew Christian Cotton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 29 1892
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jahmge Cotton

(9) PRESENT POSTOFFICE OF FATHER

Brady S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Lacrenia Williams

(15) PRESENT POSTOFFICE OF MOTHER

Brady S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Brady, Thos. G. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianBrady S.C.

Given name added from a supplemental report

....., 191.....

.....
Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 15 1912

(28)

W. P. Lusk

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.

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