

(1) PLACE OF BIRTH

County of Greene
 Township of Effingham
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For this Register Only

10424

Registration District No. 2004Registered No. 13
(For use of Local Registrar)

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

(2) Full Name of Child Berna Mae Matthews or child is not yet named, make supplemental report as directed.

(3) SEX OF CHILD girl (4) Type of Infant Full term (5) Number in order of birth 1st (6) Date of Birth Feb. 28, 22
 To be reported in case of Twin or Triplet (Name of Month Day Year)

FATHER		MOTHER	
(8) FULL NAME <u>William Matthews</u>	(14) NAME BEFORE MARRIAGE <u>Walter Welch</u>	(9) PRESENT RESIDENCE OF FATHER <u>Effingham, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Effingham, S.C.</u>
(10) COLOR OR RACE <u>W</u>	(16) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(11) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>South Carolina</u>	(18) OCCUPATION <u>Farmer</u>	(13) BIRTHPLACE <u>South Carolina</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Here indicate stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Effingham, S.C.

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 22 is signed by mother)(27) Filed Apr - 23, 23 (28) D.C. Hall 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.