

(1) PLACE OF BIRTH

County of WilliamburgTownship of Suttonor
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

37998

Registration District No. 4312 Registered No. 24
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Irene Matheson If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Female (4) Type or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH Nov 6 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Matheson(9) PRESENT POSTOFFICE OF FATHER Sutton(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Sutton S C(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Phemie Greer(15) PRESENT POSTOFFICE OF MOTHER Sutton(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Sutton S C(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 5 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Jessie Campbell Rice

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Sutton S C

Given name added from a supplemental report

(25) Witness

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

(26) Filed Nov 6 19

(27)

(28) M. Phinney 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.