

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Hamlet  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

31630

Registration District No. 30.7 Registered No. 1243  
 (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 James Edgar Mathison If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Birth X (5) Number in order of birth X (6) Age at birth yes (7) DATE OF BIRTH Nov 6 1923  
 (Name of child) (Sex) (Age)

FATHER: (8) FULL NAME Barney N.B. Mathison (9) PRESENT RESIDENCE OF FATHER Hamlet S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (12) BIRTHPLACE Greenville County (13) OCCUPATION miner

MOTHER: (14) NAME BEFORE MARRIAGE Magie Mathison (15) PRESENT RESIDENCE OF MOTHER Hamlet S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (18) BIRTHPLACE Greenville County (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. B. Mathison (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hamlet S.C.

Given name added from a supplemental report

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

(27) Date Nov 20 1923 (28) Registrar James P. Mathison

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

Before the fifth month of pregnancy