

(1) PLACE OF BIRTH

County of Shastanburg
 Township of Reichsberg
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20113

Registration District No. 40-CRegistered No. 99
(For use of Local Registrar)

(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 Vergy Lee Matthews

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>3</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 19 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Roy Matthews</u>			14) NAME BEFORE MARRIAGE <u>Bertha Jane Carter</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Wellford S E R.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Wellford S E R.</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
12) BIRTHPLACE <u>S E</u>			18) BIRTHPLACE <u>S E</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>House work</u>	
20) Number of children born to mother, including present birth <u>1 3</u>			21) Number of children of this mother now living, including present birth <u>1 3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. E. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Sumner S E

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 20 1922 (28) Cal Capers
Registrar 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.

*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.