

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Medium of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Saluda
Township of # 2
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

8441

Registration District No. 3901 Registered No. 25
(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 Rose Mathews If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Feb 20 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(14) Number of children born to mother, including present birth

MOTHER.

(15) NAME BEFORE MARRIAGE Emmer Julia Williams
(16) PRESENT POSTOFFICE OF MOTHER Bavsburg
(17) COLOR OR RACE Black
(18) AGE AT LAST BIRTHDAY 19 (Years)
(19) BIRTHPLACE Saluda Co
(20) OCCUPATION Household
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn (Hour, M. or P. M.))

(23) (Signature) Dr. Hart
(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Balsong

(Given name added from a supplemental report)

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

(27) Filed in 22 19 23 (28) Dr. J. D. Branch 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.