

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Florence</u>		STATE OF SOUTH CAROLINA		42413	
Township of <u>Lynch</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2010</u>		Registered No. <u>93</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Wheeler Matthews</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 1, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Theodore Matthews</u>			(14) NAME BEFORE MARRIAGE <u>Etta Coltrain</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Effingham, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Effingham, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Talbot County, Ga.</u>			(18) BIRTHPLACE <u>Effingham, S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Annie Williams</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Coward, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>E. L. McGonigley</u> (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>Dec. 4, 1922</u> (28) <u>E. L. McGonigley</u> 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.					

SEE NEXT FRAME

0579

0065



Amendment to Birth Certificate

Page 2 of 2

State Birth Number: 139 - 22 - 042413

Registrant's name as recorded on birth certificate: WHEELER MATTHEWS

SECTION I. ITEMS CHANGED BY THE COURT:

Item Changed:

Changed To:

REGISTRANT'S NAME

WHEELER MATTHEWS

The changes stated above were ordered by: SOUTH CAROLINA FAMILY COURT, SUMTER CO., SC
(Name and Address of Court)

Docket No. 2007-DR-43-489

Date of Court Order: AUGUST 06, 2007

SECTION II. PREVIOUS COURT ORDERED CHANGES (if applicable):

Item Changed	Changed To	Name of Court	Date of Order
<u>N/A</u>			

SECTION III A. ITEMS CORRECTED BY AFFIDAVIT, (if applicable):

Item Corrected:

Corrected To:

<u>N/A</u>	

I declare upon oath that the above statements are true and correct:

Signature of Affiant: _____ Relationship to Registrant: _____

Subscribed and sworn to before me on

Signature of Notary Public

Notary Commission Expires:

SECTION III B. ABSTRACT OF EVIDENCE SUPPORTING CORRECTIONS BY AFFIDAVIT, (if applicable):

Name and Kind of Document (including by whom issued and date of issue)	Date Original Document Made
1. _____	_____
2. _____	_____
3. _____	_____

Information Concerning Registrant as Stated in Document of Corresponding Number Above

1. _____
2. _____
3. _____

Additional Information

SECTION IV. ATTESTS:

I certify that I have examined a certified copy of the Court Order(s), and evidence (or affidavit containing previous evidence abstracts) abstracted above, that they contain no alterations or erasures and appear to be authentic.

Renae L. Bueh

PROGRAM ASSISTANT

Signature and Title of Reviewing Officer

NOV 06 2007

Date Filed

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