

(1) PLACE OF BIRTH

County of AikenTownship of Tobersvilleor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Oscear Mather

File No. — For State Registrar Only

5650

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 241 Registered No. 10

(For use of Local Registrar)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 22 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscear Mather(9) PRESENT POSTOFFICE OF FATHER Kitchings Mills S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Kitchings Mills S.C.(13) OCCUPATION Farming(14) Number of children born to father, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Annie Mather(15) PRESENT POSTOFFICE OF MOTHER Kitchings Mills S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Kitchings Mills S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 2 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary J. McArthur

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Minerva Kitchings Mills S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Mary J. McArthur
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 23 1923 (28) Mary J. McArthur
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

LOCAL REGISTRAR

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