

CERTIFICATE OF BIRTH
STATE OF NORTH CAROLINA
 Bureau of Vital Statistics
 (State Board of Health)

File No. — For State Registrar **22527**

Place of Birth **Woodsburg**
 Name of Mother **Woodruff** Registration District No. **40-B** Registered No. **50**
 (For use of Local Registrar)

(The birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Full Name of Child **Mattie Ruth Brewer** If child is not yet named, make supplemental report as directed

(1) Sex of Child Girl	(2) Twin or Triplet?	(3) Number in order of birth	(4) Are Parents Married?	(5) DATE OF BIRTH July 1 1923
FATHER.			MOTHER.	
(1) NAME BEFORE MARRIAGE Wm Long Brewer			(1) NAME BEFORE MARRIAGE Tilda Gordon	
(2) PRESENT RESIDENCE Woodruff S.C.			(2) PRESENT RESIDENCE Woodruff S.C.	
(3) COLOR White			(3) COLOR White	
(4) AGE AT LAST BIRTHDAY 35 (Years)			(4) AGE AT LAST BIRTHDAY 33 (Years)	
(5) BIRTHPLACE Wm Long			(5) BIRTHPLACE Hawkins C. Tenn	
(6) OCCUPATION Iron operative			(6) OCCUPATION Domestic	
(7) Number of children born to father, including present birth 6			(7) Number of children of this mother now living, including present birth 6	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) **C. A. McCord**
 (24) State whether Physician or Midwife **Phys** (25) Address of Physician or Midwife **Woodruff S.C.**

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Signed **Aug 10 1923** **Chas L. Bosters** 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.

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