

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN 2-2b use of TYPING OR TYPEWRITER AND A SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-NAME, No. 1. TIME OTHER, No. 2, etc. In question 6

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Marion
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 129 Registered No. 14
 (For use of Local Registrar)

St. Ward)

(2) Full Name of Child Bessie Mathis (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type of Infant In hospital or other institution (5) Number in order of birth 2 (6) Date of Birth Feb. 10, 1903 (7) Time of Birth 8:40 A.M.

FATHER		MOTHER	
(8) NAME BEFORE MARRIAGE <u>Marshall Mathis</u>	(14) NAME BEFORE MARRIAGE <u>Ramon Lesley</u>	(9) PRESENT RESIDENCE OF FATHER <u>Latimer S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Latimer S.C.</u>
(10) COLOR OF FATHER <u>Negro</u>	(16) COLOR OF MOTHER <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>
(12) BIRTHPLACE <u>Abbeville S.C.</u>	(18) BIRTHPLACE <u>Abbeville S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Alive (Dead or stillborn) (Hour A. M. or P. M.) 8:40 A.M.
 on the date above stated.

(23) Signature of Physician or Midwife Dorcas Lewis (24) Address of Physician or Midwife Latimer S.C.

Given under my hand and seal of the State Board of Health this 10th day of February 1903.
 Registrar