

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Florence
Township of Lynch
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
17843

Registration District No. 2010 Registered No. 78
(For use of Local Registrar)

(2) Full Name of Child Betha Mae Matthews (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 1st 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Charles S. Matthews</u> S.C.			(14) NAME BEFORE MARRIAGE <u>Maybelle Canady</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Howard, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Howard, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Howard, S.C.</u>			(18) BIRTHPLACE <u>Howard, S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeper</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>four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) Arnie Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Howard, S.C.

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 4, 1923 (28) E. L. Montgomery
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.

Form of Columbia, Columbia, S. C.