

Form No. 1.

(1) PLACE OF BIRTH

County of EdgefieldTownship of MarionInc. Town of
or
orCity 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

File No. — For State Registrar Only
52024Registration District No. 4 Registered No. 1506

(For use of Local Registrar)

(2) Full Name of Child Mattie Hogan

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 16</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Edd Hogan</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Edgefield</u>	(12) BIRTHPLACE <u>Edgefield</u>
(10) COLOR OR RACE <u>Color</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth { <u>4</u> }	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mattie Harris</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield</u>	(18) BIRTHPLACE <u>Edgefield</u>
(16) COLOR OR RACE <u>Color</u>	(19) OCCUPATION <u>Housewife</u>
(21) Number of children of this mother now living, including present birth { <u>4</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah J. Pickens

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

Given name added from a supplemental report

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 20 1916

(28)

Mrs. V. A. Lammiman
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.

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
McGaw, of Columbia.NOT TO BE REPRODUCED FOR PUBLICATION
WITHIN FAMILY. WHEN REPRODUCED FOR PUBLICATION IN A PERMANENT RECORD,
No. 1, No. 2, etc., in question 5. REPRODUCED FOR PUBLICATION IN A PERMANENT RECORD.