

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Saluda  
 Township of # 2  
 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  
**36323**

Registration District No. 3901 Registered No. 13  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lewis Mitchell Matthews If child is not yet named, make a provisional report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 1 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME L. W. Matthews  
 (9) PRESENT POSTOFFICE OF FATHER Batesburg S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47  
 (Years)  
 (12) BIRTHPLACE Saluda Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Allice Kloezer  
 (15) PRESENT POSTOFFICE OF MOTHER Batesburg S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE Saluda Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. M. Mitchell (24) State whether Physician or Midwife phys. (25) Address of Physician or Midwife Batesburg S.C.

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 11 1922 (28) J. W. Crouch 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.