

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
N. 23—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

Township of

or
Inc. Town of

or
City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Joseph Jess Matty

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

File No.—For State Registrar Only

32072

Registration District No. 40-A

Registered No. 367
(For use of Local Registrar)

St.; Ward)

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1st 6) Are Parents Married? yes 7) DATE OF BIRTH June 30 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME J. Matty
9) PRESENT POSTOFFICE OF FATHER Spartanburg
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 38 (Years)
12) BIRTHPLACE New York
13) OCCUPATION carpenter
14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Bessie Mason
15) PRESENT POSTOFFICE OF MOTHER Spartanburg
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 18 (Years)
18) BIRTHPLACE S.C.
19) OCCUPATION House wife
20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:45 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Local Registry

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
126 E. Main Spartanburg S.C.

Given name added from a supplemental report

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

(27) Filed 10-1-22 (28) Jas. Cooper 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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