

(1) PLACE OF BIRTH

County of Auderson
 Township of Wall
 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
9882

Registration District No. 206 Registered No. 10
 (For use of Local Registrar)

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

(2) Full Name of Child Matthe Lou Poole If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Apr 12 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE <u>Matthe Poole</u>	
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER <u>Ida</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>73</u> (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE <u>And Co -</u>	
(13) OCCUPATION		(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth		(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 at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Easter Martin
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ida

(Given name added from a supplemental report

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

(27) File Apr 15 22 (28) S. C. Adams 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.