

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Williamsburg</u> Township of <u>Saws</u> or Inc. Town of ..... or City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>75128</b>
		Registration District No. <u>4305</u>		Registered No. <u>74</u> (For use of Local Registrar)
(2) Full Name of Child <u>Jeffrey Matthews</u> (If child is not yet named, make supplemental report as directed)				
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>August 8<sup>th</sup>, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Matthews</u>			(14) NAME BEFORE MARRIAGE <u>Martha Nelson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Salters Depot, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Salters Depot, S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>negro</u>		
(12) BIRTHPLACE <u>Williamsburg co. S. C.</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)			
(13) OCCUPATION <u>Farm laborer</u>	(18) BIRTHPLACE <u>Williamsburg co. S. C.</u>			
(20) Number of children born to mother, including present birth <u>2</u>			(19) OCCUPATION <u>Farm laborer</u>	
(21) Number of children of this mother now living, including present birth <u>2</u>				
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Rachel Frierson</u> (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Salters Depot, S.C.</u>				
Given name added from a supplemental report ..... ..... 19 ..... Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug. 17<sup>th</sup>, 1916</u> (28) <u>Albert R. Moseley</u> 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.				