

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 *Williamsburg*

Township of *Saws*

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.)

Registration District No. *4305* Registered No. *74*

(For use of Local Registrar)

(No. .... St.; ..... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**75128**

(2) Full Name of Child *Jeffrey Matthews* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>August 8<sup>th</sup>, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Robert Matthews*

(9) PRESENT POSTOFFICE OF FATHER *Salters Depot, S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTHPLACE *Williamsburg co. S. C.*

(13) OCCUPATION *Farm laborer*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Martha Nelson*

(15) PRESENT POSTOFFICE OF MOTHER *Salters Depot, S. C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *21* (Years)

(18) BIRTHPLACE *Williamsburg co. S. C.*

(19) OCCUPATION *Farm laborer*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Rachel Frierson*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Salters Depot, 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 *Aug. 17<sup>th</sup>, 1916* (28) *Albert R. Moseley* 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.