

(1) PLACE OF BIRTH
 County of Cherokee
 Town of Cherokee
 City of _____

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

File No.—For State Registrar Only
51681

Registration District No. _____ Registered No. 21
 (For use of Local Registrar)

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

(2) Full Name of Child Laurence Elliot Matheson } 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 1 (6) Are Parents Married? Y (7) DATE OF BIRTH March 6 1916
Is he answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Cuyeff Matheson
 (9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Richmond Co. N.C.
 (13) OCCUPATION Foreman Brick Mfg Co.
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosa Marie Symon
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Anson Co. N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:00 P. M., on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. E. B. Neal, M.D.
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report
 _____ 191____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 8 1916 (28) J. E. Cloan and Son 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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N. B.—In case of TWINS the REGISTRAR use a SEPARATE REPORT FORM for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.