

IN PLACE OF **CERTIFICATE OF BIRTH**  
 COUNTY OF **Cherokee** STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**27710**

Residence of **Cherokee** Registration District No. **12 A** Registered No. **61**  
 (For use of Local Registrar)  
 (No. of Hospital or other institution) Give name of same (instead of street and number.)  
 Full Name of Child **Lawrence Crandall Matheson** (If not named, make supplemental report as directed)

(4) Twin ☒ (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE BIRTH **Sept. 13 23**  
 (Name of Month) (Day) (Year)

FATHER.  
 Name **William Norman Matheson**  
 Present Postoffice **Cheraw S.C.**  
 Color or Race **White** (11) AGE AT LAST BIRTHDAY **35**  
 (Years)  
 Birthplace **N.C.**  
 Occupation **Machinist**  
 Number of children born to father (including present birth) **6**

MOTHER.  
 (14) NAME BEFORE MARRIAGE **Nezzie Boswell**  
 (15) PRESENT POSTOFFICE OF MOTHER **Cheraw S.C.**  
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **31**  
 (Years)  
 (18) BIRTHPLACE **N.C.**  
 (19) OCCUPATION **Housewife**  
 (21) Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
 I hereby certify that I attended the birth of this child, who was **born** as **born** M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) **9:00 P.**  
 (23) (Signature) **L. S. Matheson**  
 (24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Cheraw S.C.**

has been added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother) **R. E. L. L.**  
 (27) Filed **Sept. 15 1923** (28) **Matheson** Local Registrar

When there was an attending physician or midwife, then the father, householder, etc., should make this return. If 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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