

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cherokee

City of

City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

5231 7

Registration District No. 4002 Registered No. 73
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Vergie Amanda Matthews (If not yet named, make supplemental report as directed)(3) SEX OF CHILD Female (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 27 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Edd Ma Hobbs(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Otto Jones(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour, M., or P. M.)
on the date above stated. W J Head MD

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Campobello S.C.

Give name added from a supplemental report

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

(26) Feb 27 1923 (27) 3 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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