

Form No. 10.

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.

City of Columbia

(1) PLACE OF BIRTH

County of Greenwood

Township of Callison

Inc. Town of Callison

City of Callison

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42867

Registration District No. 2302

Registered No. 3

(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 Haraltine Mathews

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb. 4, 1916

To be answered only in event of Twin or Triplet's

FATHER.

(8) FULL NAME Peculiar Mathews

(9) PRESENT POSTOFFICE OF FATHER Callison S.C.

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

(12) BIRTHPLACE Edgefield Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Imrica Chiles

(15) PRESENT POSTOFFICE OF MOTHER Callison S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Greenwood Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dane Morgan

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

midwife Callison S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 12, 1916 (28) J. P. Perry 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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