

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. Michael's*City of *N. Charleston*City of *N. Charleston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Department of Vital Statistics

Local Board of Health

Registration District No. *909*

File No. - for this registration

592

Registered No. (For use of Local Registrar)

(2) Full Name of Child *Joseph D. Mathews* .. If child is not yet named, make supplemental report as directed(3) SEX OF CHILD *Boy* (4) Type of Infant *Normal* (5) Symptoms of Birth *Normal* (6) Age of Parents *Male 34* (7) DATE OF BIRTH *June 17* (8) Place of Birth (City) *Charleston*(9) FULL NAME *Charles B. Mathews* (10) NAME BEFORE MARRIAGE *Herziesee Chandler*(11) PRESENT POSTOFFICE OF FATHER *Monticello Tenn.* (12) PRESENT POSTOFFICE OF MOTHER *Same*(13) COLOR OR RACE *White* (14) AGE AT LAST BIRTHDAY *37* (15) COLOR OR RACE *White* (16) AGE AT LAST BIRTHDAY *33*(17) BIRTHPLACE *Tenn.* (18) BIRTHPLACE *Miss.*(19) OCCUPATION *Textile Expert* (20) OCCUPATION *Housewife*(21) Number of children born to mother, including present birth *3* (22) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born* at *6 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) Signature of Physician or Midwife *John O. Lee M.D.* (25) Address of Physician or Midwife *N. Charleston, S.C.*

Given name added from a supplemental report

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

(27) Filed *6/23/23* (28) *C. J. Myers* 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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