

McCaw, of Columbia.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
TRIPLETS use a SEPARATE BLANK for each child, and mark the

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA.		42256	
Township of <u> </u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u> </u>		Registration District No. <u>1908</u>		Registered No. <u>49</u>	
or				(For use of Local Registrar)	
City of <u> </u>		(No. <u> </u>)		St.; <u> </u> Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child. <u>Maria Matheson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 16, 22</u>	
		To be answered only in event of Twin or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Al Matheson</u>			(14) NAME BEFORE MARRIAGE <u>Tena Austin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rioy S C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rioy S C.</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Fairfield Co S.</u>			(18) BIRTHPLACE <u>Fairfield Co S.</u>		
(13) OCCUPATION <u>Farm laborer</u>			(19) OCCUPATION <u>Farm laborer</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Al Matheson</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>overday Matheson</u>					
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 <u>Jan 22 1922</u> (28) <u>De Ruff</u> Local Registrar					

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.