

NO TRACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3888

County of Florence.....

Township of Simmons.....

or
In Town of
or
City of

Registration District No. 2415 Registered No. 9
(For use of Local Registrar)

(No. M.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lorraine Oberon Matthews.....

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

(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25, 1927
(Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME John Le Leon Matthews
(9) PRESENT POSTOFFICE OF FATHER Simmons, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Public School Teacher
(14) Number of children born to mother, including present birth One

MOTHER:
(15) NAME BEFORE MARRIAGE Alvane Virginia Langston
(16) PRESENT POSTOFFICE OF MOTHER Simmons, S.C.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 24 (Years)
(19) BIRTHPLACE Florence Co., S.C.
(20) OCCUPATION House Work
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Simmons, S.C.

When name added above as supplemental and report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
[Signature] 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, its report is desired of stillbirths before the birth of placenta.

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