

(1) PLACE OF BIRTH
 County of Anderson
 Township of Belton
 or
 Inc. Town of
 or
 City of RFD No. 3
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

47863

Registration District No. 300 Registered No. 25
 (For use of Local Registrar)

(2) Full Name of Child Ida Theresa Mathison } If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE BIRTH
	To be answered only in case of Twins or Triplets		<u>yes</u>	<u>Feb 23 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Fred Mathison</u>			(14) NAME BEFORE MARRIAGE <u>Millie M Reese</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Belton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Belton SC</u>	
(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Belton SC</u>			(18) BIRTHPLACE <u>Belton SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of the mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia X Smith midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Belton SC | Belton RFD No 3

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Mar 3 1916 (28) J P Acers Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

MARGIN RESERVE FOR BINDING.
 WRITING 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.
 McCaw, of Columbia