

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**County of Greenville **STATE OF SOUTH CAROLINA.**Township of Chapman **Bureau of Vital Statistics**Inc. Town of Chapman **State Board of Health**

File No.—For State Registrar Only

52159

Registration District No. 2004 Registered No. 10

(For use of Local Registrar)

City of Chapman (No. 10 St.; 10 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)**(2) Full Name of Child** Miss Leona Matheo If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 29 1916
(Name of Month) (Day) (Year)**FATHER.** (8) FULL NAME Wm. S. Matheo (14) NAME BEFORE MARRIAGE Matheo Miller(9) PRESENT POSTOFFICE OF FATHER Chapman (15) PRESENT POSTOFFICE OF MOTHER Chapman(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years) (Years)(12) BIRTHPLACE SC (18) BIRTHPLACE SC(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. S. Matheo(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chapman

Given name added from a supplemental report

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

(27) Filed April 1 1916 (28) SC 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.

MAKING RECORDS OF BIRTHS, DEATHS, AND MARRIAGES. 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 2.

McChay, of Columbia.