

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

No. 10.—For this Register Only

27447

Registration District No. 9.ARegistered No.
(For use of Local Registrar)(No. 290 Sumter)(2) Full Name of Child James Matthews

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

(a) SEX OF CHILD girl (b) Type of Infant X (c) Number in order of birth 1 (d) Are Parents Married yes (e) DATE OF BIRTH Sept 9th 1912
 (If born in hospital or other institution, give name of same instead of street and number.) (Month of Month) (Day) (Year)

FATHER.

(1) FULL NAME Richard Matthews(2) PRESENT RESIDENCE OF FATHER Charleston S.C.(10) COLOR negro (11) AGE AT LAST BIRTHDAY 39 (Year)(12) BIRTHPLACE Pantonville S.C.(13) OCCUPATION Labourer(14) Number of children born to mother, including present birth 7

MOTHER.

(10) NAME BEFORE MARRIAGE Lillian Gaillard(11) PRESENT RESIDENCE OF MOTHER Charleston S.C.(10) COLOR negro (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Pantonville S.C.(13) OCCUPATION Domestic(14) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether, Physician or Midwife (26) Address of Physician or Midwife

Midwife563 1/2 Rutledge Ave.

Given name added from a supplementary report

(28) Witness

(Signature of Witness necessary only when question 22 is signed by marks)

(29) Filed

9/15/12 J. M. Green Jr.

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.