

Form No. 1

## (1) PLACE OF BIRTH

County of CashmanTownship of H. Matthewsor Inc. Town of H. Matthewsor City of H. Matthews

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8thNo. 3064—For State Registrar Only

3064

Registered No. 6  
(For use of Local Registrar)(No. 8th Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rufus Holt

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

(a) BOY OR GIRL <u>Girl</u>	(b) Twin or triplet <u>No</u> To be answered only in case of Twin or Triplet	(c) Number in order of birth <u>1st</u>	(d) Age of child <u>1 yr</u>	(e) DATE OF BIRTH <u>Feb 18 1900</u> (Name of Month) (Day) (Year)
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## FATHER.

(1) FULL NAME George Holt(2) PRESENT POSTOFFICE OF FATHER H. Matthews(3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 32  
(Year)(5) BIRTHPLACE South Carolina(6) OCCUPATION Farm work

## MOTHER.

(7) NAME BEFORE MARRIAGE Clara Starks(8) PRESENT POSTOFFICE OF MOTHER H. Matthews(9) COLOR OR RACE Negro (10) AGE AT LAST BIRTHDAY 28  
(Year)(11) BIRTHPLACE South Carolina(12) OCCUPATION Farm work(13) Number of children born to mother, including present birth 4(14) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(16) (Signature) Rufus X. Lawrence(17) State whether Physician or Midwife Midwife(18) Address of Physician or Midwife H. Matthews

Given name added from a supplemental report

(19) Witness R. R. Abba

(Signature of Witness necessary only when question 15 is signed by mother)

(20) Filed Feb 8 1900

(21) 1900

(22) R. R. Abba(23) R. R. Abba

When this report is submitted by a physician or midwife, then the father, householder, etc., need not sign. If a child is born stillborn, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.

MARRIAGE REGISTRATION FOR BIRTHING.

When this report is submitted by a physician or midwife, then the father, householder, etc., need not sign. If a child is born stillborn, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.