

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Chatham  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

File No.—For State Registrar Only

42774

Registration District No 22/2Registered No. 58  
(For use of Local Registrar)

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

(2) Full Name of Child Sarah Francis Matterson If child is not yet named, make supplemental report as directed

(3) Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 10, 22  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Broad Matterson (14) NAME BEFORE MARRIAGE Sarah F. Chapman  
 (9) PRESENT POSTOFFICE OF FATHER Pelzer R. 4 (15) PRESENT POSTOFFICE OF MOTHER Pelzer R 4  
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY..... (Years) (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY..... (Years)  
 (12) BIRTHPLACE S. C. (18) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer (19) OCCUPATION Domestic  
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Ross (24) State South Carolina (25) Address of Physician or Midwife Pelzer S. C.

Given name added from a supplemental report

(Signature) (Witness necessary only if signed by mark)

(28) W. A. Ross Local Registrar.

\*When there was no attending physician or midwife, 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.

\*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.