

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
In B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and enter the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
County of Arkham
Township of 3rd
or
Inc. Town of.....
or
City of.....
(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. 30768

Registration District No. 213 Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child John Mathis If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Male (4) Type of Birth To be reported as a child of a living mother (5) Are Parents Married Yes (6) DATE OF BIRTH Sept 2, 1925
(Name of Month) (Day) (Year)

FATHER.
(7) FULL NAME W. H. Mathis
(8) PRESENT RESIDENCE OF FATHER Augusta Ga R #5
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 32
(11) BIRTHPLACE S. C.
(12) OCCUPATION Physician
(13) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Lemmie Sanderson
(15) PRESENT RESIDENCE OF MOTHER Augusta Ga R #5
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE Ontario Canada
(19) OCCUPATION Home work
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(21) I hereby certify that I attended the birth of this child, who was born alive at 6:20 A.M.,
on the date above stated. (Hour M. or P. M.)

(22) (Signature) W. H. Mathis, M.D.
(23) Name, whether Physician or Midwife Augusta Ga R #5 (24) Address of Physician or Midwife

Given name of child John (25) Witness (Signature of Witness necessary only when question 21 is signed by parent)
Oct 13, 1925 (26) J. R. Medlock
Local Registrar

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

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