

(1) PLACE OF BIRTH

County of Charleston
 Township of Hampton
 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
22536

Registration District No. H.O.C.

Registered No. 91
 (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

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

(a) BOY OR GIRL <u>Girl</u>	(c) Twin or Triplet To be answered only in event of Twin or Triplet	(d) Number in order of birth	(e) Are Parents Married? <u>Yes</u>	(f) DATE OF BIRTH <u>July 4, 1923</u> (Month of Year) (Day) (Year)
FATHER			MOTHER	
(a) FULL NAME <u>A. L. Mathis</u>			(14) NAME BEFORE MARRIAGE <u>Sally McCarter</u>	
(b) PRESENT POSTOFFICE OF FATHER <u>Hampton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Cotton Mill Oper</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Geo. E. Thompson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Hampton S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary when question 23 is signed by mother)

(27) Filed July 15, 1923

Geo. E. Thompson
 Local Registrar

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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.