

## (1) PLACE OF BIRTH

County of HurlockTownship of Bluff

OR

Inc. Town of

OR

City of Miss Bluff, S.C.

(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

File No. - For State Registrar Only

42378

Registration District No. .... Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child Matthew Bailey

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

(3) BOY OR GIRL? <u>ink</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 12, 1922</u> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	-------------------------------------	---

## FATHER.

(8) FULL NAME Matthew Bailey(9) PRESENT POSTOFFICE OF FATHER Miss Bluff, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Miss Bluff, S.C.(13) OCCUPATION farm(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Charmie Gibson(15) PRESENT POSTOFFICE OF MOTHER Miss Bluff, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Miss Bluff, S.C.(19) OCCUPATION farm hand(21) Number of children of this mother now living, including present birth 2

## 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) Josephine Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/10 1923 (28) John L. Davis 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.