

(1) PLACE OF BIRTH

County of Charleston
Township of Campbell
or
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only

22554

Registration District No. 405 Registered No. 119
(For use of Local Registrar)

City of 115124 (No. 115124 Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3. SEX Boy (1) Twin or Triplet No (2) Number in order of birth 2 (3) Are Parents Married Yes (4) DATE OF BIRTH July 20, 1923
(Month of Month) (Day) (Year)

FATHER
8. FULL NAME W. C. Mathis
9. PRESENT POSTOFFICE OF FATHER Juman S. R. 2
10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
12. BIRTHPLACE S.C.
13. OCCUPATION Farmer
20. Number of children born to mother, including present birth 3

MOTHER
14. NAME BEFORE MARRIAGE Easter Lawhart
15. PRESENT POSTOFFICE OF MOTHER Juman S. R. 2
16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
18. BIRTHPLACE W.C.
19. OCCUPATION Housewife
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 born alive at Juman S. R. 2 M., on the date above stated. (Hour, five or stillborn Hour, M. or P. M.)

(23) (Signature) Jas. V. Lebon MD (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Juman S. R. 2

Given name added from a supplemental report
Lebon, James V. MD
July 11, 1923
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed in ink) Sept 1, 1923
(27) Full Name W. C. Rogers 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.

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