

Form No. 1

(1) PLACE OF BIRTH

County of Sydney
 Township of Providence
 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
30358

Registration District No. 4.195 Registered No. 73
 (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 Mary Lee Mathis | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet
 (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 9th 23
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lewis Mathis
 (9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 15

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Holiday
 (15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Hart
 (24) State whether Physician or Midwife | (25) Address of Physi- or Midwife
midwife | Dalzell SC,

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness Mrs Eva Burkitt
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 15 1923 (28) J.B. Raffield
 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.