

## (1) PLACE OF BIRTH

County of A. S. Cherokee,  
 Township of W. G. Graham,  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. for State Registrar only  
**26807**

Registration District No. 109... Registered No. 95.....  
 (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 Passac Mattox..... If child is not yet named, make supplemental report as directed

(3) SEX OR SEXES Boy (4) Twin or Triplet Twin (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 11, 23  
 (Name of Month) (Day) (Year)

FATHER.				MOTHER.			
(8) FULL NAME	<u>Stephen Mattox</u>			(14) NAME BEFORE MARRIAGE	<u>Willie Hall</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Crittendon Falls S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER	<u>Crittendon Falls</u>		
(10) COLOR OR RACE	<u>Oregio</u>	(11) AGE AT LAST BIRTHDAY	<u>38</u>	(16) COLOR OR RACE	<u>Oregio</u>	(17) AGE AT LAST BIRTHDAY	<u>37</u>
(12) BIRTHPLACE	<u>A. S. Cherokee Co</u>			(18) BIRTHPLACE	<u>A. S. Cherokee Co</u>		
(13) OCCUPATION	<u>Farmer</u>			(19) OCCUPATION	<u>Domestic</u>		
(20) Number of children born to mother, including present birth	<u>4</u>			(21) Number of children of this mother now living, including present birth	<u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... A. S. Cherokee.... 6.... P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Campbell  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 15, 23 (28) W. G. Graham 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.