

(1) PLACE OF BIRTH
County of Marion
Township of Mullins
Inc. Town of Mullins
City of

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

No. - for State Register Only
29221

Registration District No. **37/13** Registered No. **18**
(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 **Rodney Lucile Martin**

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

(3) BOY OR
GIRL? **Boy** (4) DATE
OF BIRTH
To be answered only in event of Death or Stillbirth

(5) NAME
SEX
NUMBER **Male** (6) DATE
OF BIRTH
MONTH DAY YEAR
Sept 20 1935
(Name of Month) (Day) (Year)

FATHER.

(7) FULL
NAME **Stephens H. Martin**
(8) PRESENT
POSTOFFICE
OR
CITY
OF FATHER **Mullins S.C.**
(9) COLOR
OR
RACE **W.** (10) AGEBIRTH
BIRTHDAY **39**
(11) (12) BIRTHPLACE
Marion Co.

MOTHER.

(13) NAME BEFORE
MARRIAGE **Belle Rogers**
(14) PRESENT
POSTOFFICE
OR
CITY
OF MOTHER **Mullins S.C.**
(15) COLOR
OR
RACE **W.** (16) AGE AT LAST
BIRTHDAY **35**
(17) BIRTHPLACE
Mullins S.C.

(18) OCCUPATION
Policeman

(19) OCCUPATION
House wife

(20) Number of children born to
mother, including present birth **4**

(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 **born alive** (B. A. L. or P. M.)
on the date above stated. **Frank H. Martin** (Born alive or stillborn) (Born A. M. or P. M.)

(23) (Signature)

(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 24 is signed or marked)

(27) SWORN ... (28) (29) 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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