

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

In Town of .....

City of Charleston, 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 Register Only

3140

9 A

22

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

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

|                             |                              |                                       |                                     |   |
|-----------------------------|------------------------------|---------------------------------------|-------------------------------------|---|
| (3) SEX OR GIL? <u>girl</u> | (4) Type of Infant? <u>X</u> | (5) Number in order of birth <u>X</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE <u>Feb 24 23</u><br>BIRTH (Name of Month) (Day) (Year) |
|-----------------------------|------------------------------|---------------------------------------|-------------------------------------|---|

|  |   |
|--|---|
| FATHER                                     | MOTHER  |
| (8) FULL NAME <u>Theodore Aiken Martin</u> | (14) NAME BEFORE MARRIAGE <u>Kate Rutledge Rich</u> |

|   |  |
|---|--|
| (9) PRESENT POSTOFFICE OF FATHER <u>212 Callahan St Charleston S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>212 Callahan St Charleston S.C.</u> |
|---|--|

|                                 |   |                                 |   |
|---------------------------------|---|---------------------------------|---|
| (10) COLOR OF RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>23</u> (Years) | (16) COLOR OF RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) |
|---------------------------------|---|---------------------------------|---|

|                                      |  |
|--------------------------------------|--|
| (12) BIRTHPLACE <u>Columbia S.C.</u> | (18) BIRTHPLACE <u>Charleston S.C.</u> |
|--------------------------------------|--|

|                                       |                             |
|---------------------------------------|-----------------------------|
| (13) OCCUPATION <u>Insurance Leo.</u> | (19) OCCUPATION <u>Wife</u> |
|---------------------------------------|-----------------------------|

|  |   |
|--|---|
| (20) Number of children born to mother, including present birth <u>1</u> | (21) Number of children of this mother now living, including present birth <u>1</u> |
|--|---|

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 9:05 P.(23) (Signature) G. D. Lee Jr.(24) State whether Physician or Midwife (25) Address of Physician or Midwife City

Given name added from a supplemental report

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

(27) Filed 2/28 1923 (28) 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.