

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of Greenvilleor City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eden Martin

File No.—For State Registrar Only

4371

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2209B Registered No. 53

(For use of Local Registrar)

(3) BOY OR GIRL? boy(4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Feb 22 1900
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Eden Martin(9) PRESENT POSTOFFICE OF FATHER not 6 Box no 5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 5 (Years)(12) BIRTHPLACE same Luke

(13) OCCUPATION

(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Beta Lewis(15) PRESENT POSTOFFICE OF MOTHER not 6 Box no 5(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Teen See

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 P. M. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) Eden Martin

(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) Signed Mar 2 1900 (28) A. T. Mackay 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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