

Form No 1.

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Fairviewor  
Inc. Town of Fountain Innor  
City of .....

(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 Registrar Only

49266

Registration District No. 2206Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child William Henry Martie

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? One(5) Number in order of birth 4

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 6, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

David R Martie

(9) PRESENT POSTOFFICE OF FATHER

Fountain Inn S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Supt. Oil Mill

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Othella Hawkins

(15) PRESENT POSTOFFICE OF MOTHER

Fountain Inn S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24

(Years)

(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 born at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Duckett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianFt. Inn S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed March 1916(28) J. B. Duckett

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.

NEARLY RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law. of Columbia