

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
Township of Barnwell

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

58693

Inc. Town of ..... Registration District No. 501 Registered No. 34  
(For use of Local Registrar)  
City of ..... (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 Mary Alice Martin } If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH April, 18, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John F. Martin(9) PRESENT POSTOFFICE OF FATHER Barnwell R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Employe of Southern Ry Co.(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Lena Mae Halford(15) PRESENT POSTOFFICE OF MOTHER Barnwell R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Barnwell Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 3:15 a.m.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Anna M. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Barnwell 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 May 20, 1916. (28) R. C. Kellum 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.

NATION REGISTERED FOR BIRTHING.  
WHITE PLAIN: WITH ENLARGING INC.—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.