

(1) PLACE OF BIRTH -

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
42267

County of *Anderson*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *# 11*

or
Inc. Town of

Registration District No. Registered No. *1910*
(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..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth *4* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 27* 19*22*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Charles P. Martin*
(9) PRESENT POSTOFFICE OF FATHER *Anderson*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *38* (Years)
(12) BIRTHPLACE *Anderson S.C.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Maggie Johnson*
(15) PRESENT POSTOFFICE OF MOTHER *Anderson*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30* (Years)
(18) BIRTHPLACE *Anderson S.C.*
(19) OCCUPATION *Laundress*
(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 *S.D. S.C.* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *Grace M. ...*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness *J. J. ...* (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *12/5* 19*22* (28) *J. J. ...* 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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FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 9. N. C. DIV. OF COLUMBIA.