

(1) PLACE OF BIRTH -

County of

Township of

or

Inc. Town of

or

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

42267

Registration District No. 1910

(For use of Local Registrar)

(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?

To be answered only in case of twins or triplets

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 27th 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles D. Martin

(9) PRESENT POSTOFFICE OF FATHER

Fleming

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Hempstead

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Fleming

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Hempstead

(19) OCCUPATION

Farmer

(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. ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Grace M. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

12/5/1912

(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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. C. of Columbia.

MCCAY