

(1) PLACE OF BIRTH

County of OconeeTownship of Centeror
Inc. Town of

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

59003

Registration District No. 3500 Registered No. 247

(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? Boy

(4) Twin or Triplet?

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 18, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

L. A. Martin

(9) PRESENT POSTOFFICE OF FATHER

Westminster S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE

Anderson, Co. S.C.

(13) OCCUPATION

Rural Police

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

{ 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Phipps

(15) PRESENT POSTOFFICE OF MOTHER

Westminster S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE

Anderson, Co. 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 Alive at 5:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Strickland

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Westminster

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 1916(28) W. H. Cole

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.

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.

Caw of Columbia

State of South Carolina

County of Anderson

SS

Lizzie P. Martin being first duly sworn, deposes and says that

She is the Mother of James Oliver Martin who was born, February 19, 1916 to L. A. Martin and Lizzie Martin in the township of Centerville, County of Oconee, State of South Carolina, and whose registration of birth was filed by Dr. W. A. Strickland, and that at the time of filing said registration of birth no name had been given said child.

That said child was christened and named James Oliver shortly after birth and that the said name of James Oliver Martin should be inserted in the record as the name of the child.

Lizzie Pepper Martin
Mother

Subscribed and sworn to before me this 15th day of March 1941

Russell King
Notary Public for South Carolina