

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARATION RECOMMENDED BY THE U. S. BUREAU OF VITAL STATISTICS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of LEXINGTON
Township of WILL SWAN
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31133

Registration District No. 3103

Registered No. 99
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Madell Martin

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Madison L. Martin
(9) PRESENT POSTOFFICE OF FATHER Swansea
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49
(12) BIRTHPLACE Lexington Co
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Arrie Wise
(15) PRESENT POSTOFFICE OF MOTHER Swansea
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Lexington Co
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... at 79 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Gordon (24) State whether Physician or Midwife (25) Address of Physician or Midwife Swansea

Given name added from a supplemental report

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

(27) Filed Sept 11 22 (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.