

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17331

County of Greenville Co.

Township of Aiken C.

or  
Inc. Town of .....

Registration District No. 200

Registered No. 17

(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 Fannie Lee Martin } If child is not yet named, make supplemental report as directed

(3) <del>OR</del> GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13 1922</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME J. W. Martin

(9) PRESENT POSTOFFICE OF FATHER Aiken S.C. R.F.D.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE Aiken Co S.C.

(13) OCCUPATION Sawmill watchman

(20) Number of children born to mother, including present birth } 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Jessie Coleman

(15) PRESENT POSTOFFICE OF MOTHER Aiken S.C. R.F.D.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Aiken Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth } 3

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:45 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. A. Ashburn M.D.

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

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

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

(27) Filed Jan 15 1922 (28) H. A. Ashburn  
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. pu H.A. Ashburn

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