

Form No. 1

(1) PLACE OF BIRTH

County of Allendale  
 Township of Allendale  
 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  
**17392**

Registration District No. 4600 Registered No. 62  
 (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 Eddie Martin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20, 22</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME J. J. Martin

(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Labor

(20) Number of children born to mother, including present birth: 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Evalina Allen

(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm Labor

(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 4:18 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Opfel Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report  
Opfel Williams  
20 Registrar

(26) Witness J. H. Boyd, M.D.  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 27, 1922 (28) J. H. Boyd, M.D. 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.

THIS IS A PERMANENT RECORD. 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

7/23/43