

(1) PLACE OF BIRTH

County of Horry

Township of B. York

or

Inc. Town of

or

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

..... (NO. _____)
 (ital or other institution, give name of a
J. B. Martin

 (S) Signature in _____ (R) Are _____

File No.—For State Registrar Only
30697

Registration District No. 2.5.40... Registered No. 506.....
(For use of Local Registrar)

Registered NO. 4
(For use of Local Registrar)

(3) BOY OR GIRL? *Boy*

(4) **Twin or Triplet?**

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 17 1922
(Name of Month) (Day) (Year)

FATHER

(3) FULL NAME *Mr. J. R. Martin*

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39*
(Years)

(12) BIRTHPLACE ALBANY, N. Y.

(13) OCCUPATION

H. Amory

20. Number of children born to mother, including present birth { 6

MOTHER

(14) NAME BEFORE MARRIAGE *Rose Ella Larsen*

(15) PRESENT POSTOFFICE OF MOTHER *Albion S O B-3*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Hyattsville, D.C.

(18) OCCUPATION

(21) Number of children of this mother: 1

(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Brown, Rhonda at 1:00 P.M.
on the date above stated. (Born alive or stillborn), (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(13) Address of Physician or Midwife

Given name added from a supplemental report

(26) **Witness**

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

(27) Filed 10/3/22 10:00

(28) Local Registrar.

Registrar

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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