

(1) PLACE OF BIRTH

County of Middlebury
Township of No. 12
OF
Inc. Town of.....
OF
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31463

Registration District No. 34.11 Registered No. 2.1
(For use of Local Registrar)

(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 Paula Martin

If child is not yet named, make supplemental report as directed

3 BOY OR GIRL girl (4) Twin or Triplet? twins (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 30, 1922
(Name) (Month) (Day) (Year)

FATHER.

8 FULL NAME Wash Martin
9 PRESENT POSTOFFICE OF FATHER Pomaria
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39
(Years)
12 BIRTHPLACE S.C.
13 OCCUPATION Farmer
14 Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Estell Hill
(15) PRESENT POSTOFFICE OF MOTHER Pomaria
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION lt. Agn
(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Mrs. Olin at 7:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed Oct. 4, 1922 (28) G. H. S. Leahy 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.