

Form No. 1.

(1) PLACE OF BIRTH

County of Horry

Township of Bucks

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90330

Registration District No. 2561 Registered No. ~~108~~ 107

(For use of Local Registrar)

(2) Full Name of Child. Claudia May J. Martin

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 30 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Only Richard Martin

(9) PRESENT POSTOFFICE OF FATHER Toddville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Horry County

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Victoria Causey

(15) PRESENT POSTOFFICE OF MOTHER Toddville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Horry County

(19) OCCUPATION wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 a.m. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) x Julia Small pres

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness A. R. Martin (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 31 1916 (28) S. J. Bourne 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.