

## (1) PLACE OF BIRTH

County of CharlestonTownship of 11or  
Inc. Town of  
orCity of Charleston

(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

71780

Registration District No. 115 Line 914Registered No. 914

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

Maria Martin

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug. 28<sup>th</sup>

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Julius Martin

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE

Charleston SC

(13) OCCUPATION

Plumber

## MOTHER.

(14) NAME BEFORE MARRIAGE

Fredricka McBlair

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

At home

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

2

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at Half Past 3 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Archene W. Wissette

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 27 Doughty St.

Given name added from a supplemental report

, 191

Registrar

(26) Witness

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

(27) Filed 9/12/16

(28)

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.

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McGraw-Hill of Columbia  
N. B.—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.