

(1) PLACE OF BIRTH

County of SumterTownship of ElizabethIne. Town of SumterCity of Sumter

(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

31612

Registration District No. 3004 Registered No. 18

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Julia Sarah Martin

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

(3) BOY OR GIRL? Girl(4) Twin or triplet? No

To be answered only in case of Twin or triplet.

(5) Number in order of birth 33(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Martin(9) PRESENT POSTOFFICE OF FATHER North SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Cranford, N.J.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Jones(15) PRESENT POSTOFFICE OF MOTHER North SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Cranford, N.J.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Marion Jones(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife North SC

Given name added from a supplemental report

(25) Witness

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

(26) Filed Oct 22 1922

(27) Local Registrar

(28) F. H. W. 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.

before the fifth month of pregnancy.

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

City of Columbia