

County of Laurens
Township of Hamlet
or
Inc. Town of
or
City of

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

41325

Registration District No. 22902 Registered No. 170
(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 Martina Harrington If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD girl (4) Twin or Triplet - (5) Number in order of birth - (6) Age of mother yes (7) DATE OF BIRTH Dec. 11, 1913
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joseph Harrington
(9) PRESENT POSTOFFICE OF FATHER Goldville, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 18 (Year)
(12) BIRTHPLACE Newburg, Ga.
(13) OCCUPATION Lumberman
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Jones
(15) PRESENT POSTOFFICE OF MOTHER Goldville, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Year)
(18) BIRTHPLACE Laurens Co.
(19) OCCUPATION Farmer
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) E. M. Jones (23) Address of Physician or Midwife Goldville, S.C.
(24) State whether Physician or Midwife midwife

Given name added from a supplemental report
(25) Witness J. L. N. Bailey (Signature of Witness necessary only when question 22 is signed by mark)
(26) Filed Jan 8, 1914 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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