

## (1) PLACE OF BIRTH

County of Wichita

Township of .....

Inc. Town of .....

City of Chester

(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

41536

Registration District No. 11A Registered No. 129

(For use of Local Registrar)

(2) Full Name of Child. Edith Geneva Martin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 4</u> 19 <u>22</u>
				(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Andrew Martin(14) NAME BEFORE MARRIAGE Mattie Inez Roberts(9) PRESENT POSTOFFICE OF FATHER Chester SC(15) PRESENT POSTOFFICE OF MOTHER Chester SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Chester Co(18) BIRTHPLACE Chester SC(13) OCCUPATION W. Co. Work(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth { 1 }(21) Number of children of this mother now living, including present birth { 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. M. Ross(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester SC

Given name added from a supplemental report

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

(27) Filed 12-16-1922 (28) J. H. M. C. Lure 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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