

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

File No.—For State Registrar Only
50784

(1) PLACE OF BIRTH
 County of York
 Township of Beard River
 or
 Inc. Town of
 or
 City of Columbia (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4402 Registered No. 17
 (For use of Local Registrar)

(2) Full Name of Child George Washington Martin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22, 1911
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wesley Martin</u>	(14) NAME BEFORE MARRIAGE <u>Mary Elizabeth Bolin</u>	(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Myrona S.C. R.R.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Myrona S.C. R.R.</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>York Co. S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>York Co. S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary J. Martin
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blacksburg S.C. #2

Given name added from a supplemental report
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(26) Witness J. R. S. Martin
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Feb. 26, 1911 (28) C. W. Kiersey 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.