

(1) PLACE OF BIRTH

1. PLACE OF BIRTH

County of Horry  
Township of Buckner  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

CERTIFICATE OF BIRTH

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

FILE No.—For State Registrar Only

3262872

Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(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 Donald L. Martin, Chestnut If child is not yet named, make supplemental report as directed.

BOY OR GIRL Boy Yes No Yes No Yes No Yes No  
To be answered only in event of Twins or Triplets

FATHER  
FULL NAME Donald McKinnell (Chestnut)  
PRESENT POSTOFFICE OF FATHER Buckner S.C.  
COLOR OR RACE White 11 26  
BIRTHDAY (Years)  
BIRTHPLACE Horry County  
OCCUPATION Carpenter  
Number of children born to mother, including present birth 15

MOTHER  
14. NAME BEFORE MARRIAGE Hattie Bell Collins  
15. PRESENT POSTOFFICE OF MOTHER Buckner S.C.  
16. COLOR OR RACE White 18  
BIRTHDAY (Years)  
17. BIRTHPLACE Horry County  
18. OCCUPATION \_\_\_\_\_  
21. Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature J. S. [Signature]  
24. State whether Physician or Midwife \_\_\_\_\_ 25. Address of Physician or Midwife \_\_\_\_\_

Name added from a supplemental report

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

27. Filed \_\_\_\_\_ 19 \_\_\_\_\_ 28. \_\_\_\_\_  
Registrar Local Registrar

There was no attending physician or midwife, then the father, householder, etc., should make this return. breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.