

FORM NO. 1.

## (1) PLACE OF BIRTH

County of PalmerTownship of Carleyor  
Inc. Town of Carleyor  
City of Carley

(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

50204

Registration District No. 37.2 Registered No. 25

(For use of Local Registrar)

## (2) Full Name of Child

Robert 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb, 28, 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Hammond Martin(9) PRESENT POSTOFFICE OF FATHER Carley, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Carley, S.C.(13) OCCUPATION Druggist(14) NAME BEFORE MARRIAGE Mary H. Hamilton(15) PRESENT POSTOFFICE OF MOTHER Carley, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Carley, S.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was born born alive at 5:30 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianCarley, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 10 1906

(28)

E. H. Wyatt

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.

MARGIN RESERVED FOR BINDING.  
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.  
McCaw of Columbia