

(1) PLACE OF BIRTH

County Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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

89997

Registration District No. 22 A Registered No. 508
(For use of Local Registrar)(No. 510 0000 St. St.; 2 Ward)(2) Full Name of Child Leo Martin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 18</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Martin

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE E. (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Atterville S.C.(13) OCCUPATION I

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Hays(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE C. (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Atterville S.C.(19) OCCUPATION H(20) Number of children born to mother, including present birth 2 (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 11:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie X Bacon (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 427 Oscar St.

Given name added from a supplemental report

(26) Witness Grace C. Chalmers (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 6 1917 (28) C. Smith 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.

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

S. C. B. OF CAROLINA, COLUMBIA, S. C.