CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
71733

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of ..... Registration District No. 9A Registered No. 857
(For use of Local Registrar)

or City of Charleston (No. 15 Palmetto 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** John 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 Aug 22 th 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Martin

(9) PRESENT POSTOFFICE OF FATHER Charleston S. C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Charleston S. C.

(13) OCCUPATION Painter

(20) Number of children born to mother, including present birth } 6

MOTHER.

(14) NAME BEFORE MARRIAGE Justine Middleton Martin

(15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Charleston S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth } 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 00 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lucy X Green
her mark

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife 17 Inman St

Given name added from a supplemental report

....., 191....

.....
Registrar

(26) Witness Mrs. A. R. Meyer
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/22 1916. (28) J. Mercer Green M.D.
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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FORM No. 3. McCaw, of Columbia.

WARNING! FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the STATE PLAINLY. WRITE UNFADING INK. THIS IS A PERMANENT RECORD.