

(1) PLACE OF BIRTH

County of LancasterTownship of LancasterInc. Town of LancasterCity of Lancaster

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Phyllis Emily Martin

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl4) Twin or Triplet No5) Number in order of birth 16) Are Parents Married Yes7) DATE OF BIRTH Feb. 15, 23

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Paul Martin9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C.10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 23

(Years)

12) BIRTHPLACE Pickens Co.13) OCCUPATION Tailor20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Frances Stone15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 22

(Years)

18) BIRTHPLACE Lancaster, S.C.19) OCCUPATION domestic21) 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 alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) Name of Physician or Midwife W. C. W. W. W.(25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Local Registrar

Registrar

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.