

Form No. 1

(1) PLACE OF BIRTH

County of Mc Cormick

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35483

Township of Mt. Carmel, S. C.

or

Inc. Town of

or

City of

Registration District No. KrosRegistered 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 John Martin

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? Twin(5) Number in order of birth 1st
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 27, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Martin(9) PRESENT POSTOFFICE OF FATHER Mt. Carmel, S. C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Asheville Co S.C.(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Hester Leroy(15) PRESENT POSTOFFICE OF MOTHER Mt. Carmel, S. C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Asheville Co(19) OCCUPATION Farm Land(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Cook(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 21, 1923 (28) D. J. M. Allen 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.

7, B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THIS CHILD, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.