

Form No. 1

(1) PLACE OF BIRTH

County of Spokane
 Township of Walnut Lake
 or
 Inc. Town of

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

No. 1a.—For State Registrar
33960

Registration District No. 1A1A Registered No. 61.....
 (For use of Local Registrar)

City of (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 Fincher Martin..... If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD Boy (b) Type of Birth Normal (c) Number in order of birth 1 (d) Date of Birth Oct 23
 To be recorded on a card of Title or Title

FATHER
 (1) FULL NAME Fincher Martin
 (2) PRESENT RESIDENCE OF FATHER Moore #288
 (10) COLOR OF SKIN B (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Spokane S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER
 (10) NAME BEFORE MARRIAGE Jeanette Epps
 (11) PRESENT RESIDENCE OF MOTHER Moore S.C. #2
 (10) COLOR OF SKIN B (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Spokane S.C.
 (13) OCCUPATION House farm work
 (14) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born alive (Stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(16) (Signature) Janice E. Simmons (17) Address of Physician or Midwife
 (18) Date when report was made Nov 8

Given name added from a supplemental report

(19) Witness J.W. Hatchett (Signature of witness necessary only when question is signed by mark)

(20) Filed Nov 8 1928 (21) J.W. Hatchett 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.