

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Dicks  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**30957**

Registration District No. 470 Registered No. 93  
 (For use of Local Registrar)

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

## (2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 11 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept-16-22  
 (If child is not yet named, make supplemental report as directed)

FATHER.  
 (8) FULL NAME Jim Martin  
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm  
 (20) Number of children born to mother, including present birth 11

MOTHER.  
 (14) NAME BEFORE MARRIAGE Francis Mahaffey  
 (15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C. R#4  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farm & House  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 am, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thomson  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn S.C.

Given name added from a supplemental report

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

(27) Filed Oct 5-22 (28) W. C. Mahan  
 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.