

(1) PLACE OF BIRTH

County of MarlboroTownship of Red BluffInc. Town of M & CaseCity of OC

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2305No. 33194Registered No. 175
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD
Boy(4) Twin or Triplet
No(5) Number in order of birth
1st(6) DATE OF BIRTH
Apr 26 23
(Month) (Day) (Year)

FATHER.

(8) NAME OF FATHER
Griffin Macky Martin(9) PRESENT RESIDENCE OF FATHER
M & Case OC(10) COLOR OR RACE
White(11) AGE AT LAST BIRTHDAY
20
(Years)(12) BIRTHPLACE
Harvey Co. SC(13) OCCUPATION
Farmer

MOTHER.

(14) NAME OF MOTHER
Rosaline M. Hargue(15) PRESENT RESIDENCE OF MOTHER
M & Case OC(16) COLOR OR RACE
White(17) AGE AT LAST BIRTHDAY
17
(Years)(18) BIRTHPLACE
Pasco Co. Fla(19) OCCUPATION
Domestic(20) Number of children born to mother, including present birth
1(21) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Hour A. M. or P. M.)N.B. Woodward, M.D. (23) (Signature)
affid 3/29/43(24) State whether Physician or Midwife
Physician(25) Address of Physician or Midwife
M & Case OC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 18 23 (28) 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.