

(1) PLACE OF BIRTH

County of *York*Township of *Christie Falls*Inc. Town of *Christie Falls*

City of

(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

File No.—For State Registrar Only

76173

Registration District No. *1000A* Registered No. *96*

(For use of Local Registrar)

(2) Full Name of Child *Willburr Martin* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 14, 1916</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Robert Martin*(9) PRESENT POSTOFFICE OF FATHER *Christie Falls S.C.*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *36* (Years)(12) BIRTHPLACE *York Co. S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth { *3* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Nannie Scater*(15) PRESENT POSTOFFICE OF MOTHER *Christie Falls S.C.*(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *York Co. S.C.*(19) OCCUPATION *Housewife*(21) 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 *Alive*, at *61* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. A. R. L. X. Owens Midwife*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Christie Falls S.C.*

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness *Robert Martin* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept 29, 1916* (28) *J. R. Neal* 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.