

WHITE PLAINLY. WHEN UNFOLDING 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 8.

City of Columbia.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of James Island  
 or  
 Inc. Town of .....  
 or  
 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  
**88832**

Registration District No. 904 Registered No. 109  
 (For use of Local Registrar)

(2) Full Name of Child Joseph Martin Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Joseph Martin  
 (9) PRESENT POSTOFFICE OF FATHER James Island  
 (10) COLOR Blk (11) AGE AT LAST BIRTHDAY 33  
 OR RACE Blk (Years)  
 (12) BIRTHPLACE James Island  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Clara Scott  
 (15) PRESENT POSTOFFICE OF MOTHER James Island  
 (16) COLOR Blk (17) AGE AT LAST BIRTHDAY 35  
 OR RACE Blk (Years)  
 (18) BIRTHPLACE James Island  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) X. Pearl Martin  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Geor. Spatbrook 1912  
Local Registrar

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

(27) Filed Dec 11 1912 (28) R. H. Campbell  
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.

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