

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.

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
Township of Scuffletown
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

35263

Registration District No. 2903- Registered No. 49
(For use of Local Registrar)

(2) Full Name of Child

William Martin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy

(4) Twin or Triplet? No
To be answered only in case of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 22 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Martin

(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C. P.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Laurens Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Odessa Mason

(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C. P.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Laurens Co. S.C.

(19) OCCUPATION Farm labourer

(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 8 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louiza Pitts

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton, 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 31 22 (28) G. L. Dorman 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.