

Form No. 1

(1) PLACE OF BIRTH

County of Horry
 Township of Beach
 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

32176

Registration District No. 40.CRegistered No. 142
(For use of Local Registrar)

City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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 Sept. 11, 1922
 To be answered only in case of Twins or Triplets (Name of month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME James M. Martin 14) NAME BEFORE MARRIAGE Esther Steppa
 9) PRESENT POSTOFFICE OF FATHER James M. B. 15) PRESENT POSTOFFICE OF MOTHER James M. B.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 29 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26
 12) BIRTHPLACE NE 18) BIRTHPLACE NE
 13) OCCUPATION Union Mill Man 19) OCCUPATION Housewife
 20) Number of children born to mother, including present birth 4 21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jas. R. Gibson M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife James M. B.

Given name added from a supplemental report

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

(27) Filed Sept. 11, 1922 (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.

MAKING UNRECORDED FOR BINDING.
 WITHIN SEVEN DAYS OF THE DATE OF BIRTH, THE REGISTRAR SHALL FILE A CERTIFICATE RECORD.
 N. B.—In case of TWINNING OR TRIPLETTING, use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. TIME OF BIRTH, No. 2, etc., in question 3.