

Form No. 1

## (1) PLACE OF BIRTH

County of EastonTownship of Philadelphiaor  
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

29900

Registration District No. 1559Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Claudia Martin

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

(3) BOY OR  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTHSept 1 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAMEWilson Martin(9) PRESENT  
POSTOFFICE  
OF FATHERImmoraville(10) COLOR  
OR  
RACEcol(11) AGE AT LAST  
BIRTHDAY 31  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming(20) Number of children born to  
mother, including present birth4

## MOTHER

(14) NAME BEFORE  
MARRIAGEJamie Ham(15) PRESENT  
POSTOFFICE  
OF MOTHERImmoraville(16) COLOR  
OR  
RACEcol(17) AGE AT LAST  
BIRTHDAY 26  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lurmin Thomas(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

ImmoravilleGiven name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Oct 13 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.