

## (1) PLACE OF BIRTH

County of Conee  
 Township of Center  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
4713

Registration District No. 9500 Registered No. 17  
 (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 Unborn Martin If child is not yet named, make supplemental report as directed

(3) Sex Boy (4) Twin or Triplet ..... (5) Number in order of birth 12 (6) Are Parents Married yes (7) Date of Birth Jan. 2, 1923  
 To be answered only in event of Twin or Triplet

## FATHER.

(8) Full Name Walker H. Martin  
 (9) Present Postoffice of Father Hestonville B2  
 (10) Color or Race White (11) Age at Last Birthday 46 (Years)  
 (12) Birthplace S.C.  
 (13) Occupation Farmer  
 (14) Number of children born to mother, including present birth 12

## MOTHER.

(14) Name and Marital Status May Anna Johns  
 (15) Present Postoffice of Mother Hestonville B2  
 (16) Color or Race White (17) Age at Last Birthday 39 (Years)  
 (18) Birthplace S.C.  
 (19) Occupation House Wife  
 (20) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:15 A.M. on the date above stated. (Mark Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. C. Strickland, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hestonville

Given name added from a supplemental report

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

(27) Filed Mar 7, 1923 (28) C. P. Minter Local Registrar

When Assistant Registrar is a 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.

If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.