

(1) PLACE OF BIRTH

County of Charlottesville  
Township of .....  
OR  
Inc. Town of .....  
OR  
City of Charlottesville (No. 420 S. E. Corner of ..... St.; ..... Ward)  
(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  
**50406**

(2) Full Name of Child Elizabeth Herbert Martin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 28 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Lawrence Martin  
(9) PRESENT POSTOFFICE OF FATHER Charlottesville S.C.  
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Accountant  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Louise Bishop  
(15) PRESENT POSTOFFICE OF MOTHER Charlottesville  
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Teacher  
(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 at 1500 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charlottesville, S.C.

Given name added from a supplemental report  
....., 191.....  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar 6 1916 (28) Geo. Coper 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.  
M. H. McCaw.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE