

PLACE OF BIRTH

County of AudersonMunicipality of Millersvilleor
the Town of BellevueCity of Bellevue

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — for State Registrar Only
9218Registration District No. 32Registered No. 45
(For use of Local Registrar)(No. 1 of 1 St.; 1 of 1 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(1) Full Name of Child Norma Lillian (If child is not yet named, make supplemental report as directed)

(2) SEX OR GENDER <u>girl</u>	(3) Twin or Triplet? To be answered only in event of Twins or Triplets	(4) Number in order of birth	(5) Are Parents Married? <u>Yes</u>	(6) DATE OF BIRTH <u>Feb 10, 1923</u> (Name of Month) (Day) (Year)
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FATHER. (7) FULL NAME <u>Martin Lillian</u> (8) PRESENT POSTOFFICE OF FATHER <u>Pelee St</u> (9) COLOR OR RACE <u>White</u> (10) BIRTHPLACE <u>Iowa</u> (11) OCCUPATION <u>mill work</u> (12) Number of children born to mother, including present birth <u>1</u>		MOTHER. (13) NAME BEFORE MARRIAGE <u>Hora Butts</u> (14) PRESENT POSTOFFICE OF MOTHER <u>Pelee St</u> (15) COLOR OR RACE <u>white</u> (16) BIRTHPLACE <u>Iowa</u> (17) OCCUPATION <u>Somewhere</u> (18) Number of children of this mother now living, including present birth <u>4</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 4:15 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) <u>H. T. Martin</u>	(22) Address of Physician or Midwife <u>Pelee St</u>
(23) State whether Physician or Midwife <u>Physician</u>	

Give name added from a supplemental report

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

(25) Filed May 7, 1923 (26) Local Registrar John Greenhand

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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