

(1) PLACE OF BIRTH

County of Laurens  
Township of Sullivan  
or  
Inc. Town of Pte #2  
or  
City of Ware Shoals

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

File No.—For State Registrar Only  
**31003**

Registration District No. 2906 Registered No. 621  
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 30</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER  
(8) FULL NAME Albert Earl Martin  
(9) PRESENT POSTOFFICE OF FATHER Ware Shoals #2 SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Laurens S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

MOTHER  
(14) NAME BEFORE MARRIAGE Mattie Viola Wong  
(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals #2 SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Laurens S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was A. L. P. at 9:10 AM on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Donnan  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ware Shoals S.C.

Given name added from a supplemental report

(26) Witness Mr. L. Sullivan  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 5 1922 at Ware Shoals S.C. 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.