

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGaw, of Columbia.

(1) PLACE OF BIRTH

County of Newberry &Township of # 7or  
Inc. Town ofCity of (No. .... 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

74057

Registration District No. 3410 Registered No. 87  
(For use of Local Registrar)(2) Full Name of Child Luther Trail Martin { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Aug 25 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

P. Luke Martin

(9) PRESENT POSTOFFICE OF FATHER

Little Mt S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

3 3/4  
(Years)

(12) BIRTHPLACE

Newberry Co

(13) OCCUPATION

Farming

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

{ 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

M. Lula Stocker

(15) PRESENT POSTOFFICE OF MOTHER

Little Mt S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(18) BIRTHPLACE

Newberry Co

(19) OCCUPATION

House Keeping

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

{ 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11:57 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianProsperity S.C.

Given name added from a supplemental report

Luther Trail Martin 1919  
Pearl Washington  
Registrar

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

(27) Filed Sept 6 1916(28) W. T. Gibson 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.