

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		17049	
Township of <u>Gaffney</u>		Bureau of Vital Statistics			
Inc. Town of <u>Gaffney</u>		State Board of Health			
City of <u>Gaffney</u>		Registration District No. <u>109</u>		Registered No. <u>138</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u> </u> St. <u> </u> Ward <u> </u>)		(For use of Local Registrar)	
(2) Full Name of Child <u>Doris Beauregard Martin</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet <u> </u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u> </u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 11, 1923</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Lee Martin</u>			(14) NAME BEFORE MARRIAGE <u>Doris Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>		
(11) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Gaffney S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(13) OCCUPATION <u>Merchant</u>			(18) BIRTHPLACE <u>McPherson, Kansas</u>		
(19) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R. L. Martin</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>W. I. D. Gaffney S.C.</u>					
(26) Witness <u> </u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>7/10</u> 19 <u>23</u> (28) Local Registrar <u>J. L. Martin</u>					
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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