

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD.
M. 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
 County of Cherokee
 Township of
 or
 Inc. Town of Gaffney
 or
 City of
 (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

No. 17049—For State Registrar Only

Registration District No. 109 Registered No. 138
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 11, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Luc 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>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Gaffney S.C.</u>	(13) OCCUPATION <u>Merchant</u>	(18) BIRTHPLACE <u>McPherson, Kansas</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of the 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 born at 8 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
M. D. Gaffney S.C.

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

(27) Filed 7/10 1923 (28) [Signature] Local Registrar.

Given name added from a supplemental report

*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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