

## (1) PLACE OF BIRTH

County of Harris  
 Township of Bayboro  
 or  
 Inc. Town of  
 or  
 City of

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

File No. For State Registrar Only  
**64770**

Registration District No. 2500

Registered No. 138  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6/20</u> (Name, Month, Day, Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Nathan Martin</u>			(14) NAME BEFORE MARRIAGE <u>Rosella</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Emley S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Emley S C</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Sonford S C</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)			
(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>Michigan S C</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(19) OCCUPATION <u>Honoring</u>			
(21) Number of children of this mother now living, including present birth <u>2</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Female at 6/20 (Born alive or stillborn) (Hour, A. M. or P. M.)  
 on the date above stated.

(23) (Signature) M. E. Starnes allsbrook S C

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife allsbrook S C

Given name added from a supplemental report

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

(27) Registrar (28) Local Registrar  
James John

When there was no attending physician or midwife, then the father, householder, etc., should make this report, and a child, breathe even once, must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

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.

McCauley, of Columbia.