

Form No. 1

(1) PLACE OF BIRTH

County of SpauldingTownship of Cherokee

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 111-For State Registry Only

5288

Registration District No. 4002 Registered No. 15

(For use of Local Registrar)

(No. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
	To be answered only in event of Twin or Triplet	<u>13</u>	<u>yes</u>	<u>Feb 6, 1923</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Bill Martin</u>	(14) NAME BEFORE MARRIAGE	<u>Flora Jolley</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Cherokee St.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Cherokee St.</u>
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(11) AGE AT LAST BIRTHDAY	<u>56</u>	(17) AGE AT LAST BIRTHDAY	<u>40</u>
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(19) OCCUPATION	<u>merchandising</u>	(20) OCCUPATION	<u>Housewife</u>
(21) Number of children born to mother, including present birth	<u>13</u>	(22) Number of children of this mother now living, including present birth	<u>10</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.)

on the date above stated.

(24) Signature	(25) Address of Physician or Midwife
<u>Dr. J. E. Martin</u>	<u>Cherokee St.</u>

Given name added from a supplemental report

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

(27) Filed 2/10/23 (28) J. Blockwell 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 stillborns before the fifth month of pregnancy.