

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, as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
MAGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lexington  
Township of Full Swamp  
or  
Inc. Town of .....  
or  
City of Swansea  
(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

43478

Registration District No. 3192 Registered No. 140  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl  
(4) Twin or Triplet X  
To be answered only in case of Twins or Triplets  
(5) Number in order of birth 1st  
(6) Age at Birth 10  
(7) DATE OF BIRTH Dec 21 1922  
(Name of Month) (Day) (Year)  
FATHER.  
(8) FULL NAME Chas. C. Martin  
(9) PRESENT POSTOFFICE OF FATHER Swansea S.C.  
(10) COLOR OR RACE White  
(11) AGE AT LAST BIRTHDAY 34  
(Year)  
(12) BIRTHPLACE Lexington, Co. S.C.  
(13) OCCUPATION Merchant  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Eliza Fartick  
(15) PRESENT POSTOFFICE OF MOTHER No 9 Sumner  
(16) COLOR OR RACE White  
(17) AGE AT LAST BIRTHDAY 38  
(Year)  
(18) BIRTHPLACE No 12 R. C.  
(19) OCCUPATION Housework  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour) M. or P. M.

(23) (Signature) Dr. J. H. Snodgrass  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife Swansea S.C.

Given name added from a supplemental report

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

(27) Filed Jan 3 1923 (28) J. H. Snodgrass 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.

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