

FORM NO. 1.

(1) PLACE OF BIRTH

County of *Fairfield*Township of *11*

or

Inc. Town of

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

File No.—For State Registrar Only

46150

Registration District No. *1910* Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? *boy*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Jan. 16th 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John L. Martin

(9) PRESENT POSTOFFICE OF FATHER

Jenkinville S.C.(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *30*
(Years)

(12) BIRTHPLACE

Fairfield

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Ada Huff

(15) PRESENT POSTOFFICE OF MOTHER

Jenkinville(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *27*
(Years)

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5-0* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary J. Bates*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Jenkinville

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed *Jan* 1916(28) *D. H. G. L. M.*

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.

MARGIN RESERVED FOR BUNDLING.

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.

McCaw, of Columbia