

(1) PLACE OF BIRTH

County of .....

Township of .....

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

14174-A

Registration District No. 1004-2

Registered No. 210  
(For use of Local Registrar)

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

(2) Full Name of Child .....

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH May 13, 1911

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Earlie Martin

(9) PRESENT POSTOFFICE OF FATHER

S.C. Gaffney R9

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

3

## MOTHER

(14) NAME BEFORE MARRIAGE

Della Davis

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C. R9

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 1:30 a.m.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Dr. B. Cook

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianChesnee 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 Aug 9, 1911

(28)

W. H. Woodhouse  
Local Registrar

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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