

(1) PLACE OF BIRTH

County of Florence

Township of

or

Inc. Town of

or

City of Florence

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

(2) Full Name of Child Martha Stokes If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2/26/19

FATHER

(8) FULL NAME David L. Stokes(9) PRESENT POSTOFFICE OF FATHER Florence SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Florence SC(13) OCCUPATION Car Repairer, R.R.(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Sallie B. Wade(15) PRESENT POSTOFFICE OF MOTHER Florence SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Birmingham Ala(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) E. M. Hicks, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence, 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 March 2, 1919 (28) C. C. Craft 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.