

## (1) PLACE OF BIRTH

County of Willoughby STATE OF SOUTH CAROLINA.  
 Township of Mauzons Bureau of Vital Statistics  
 or Inc. Town of ..... State Board of Health

File No. — For State Registrar Only  
**54075**

Registration District No. 4306 Registered No. 22  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alma Martin 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 1  
To be answered only in case of twins or triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 31  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Louis Martin

(9) PRESENT POSTOFFICE OF FATHER Cades RFD 26

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
 (Years)

(12) BIRTHPLACE Willoughby

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Franklin

(15) PRESENT POSTOFFICE OF MOTHER Cades RFD 26

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33  
 (Years)

(18) BIRTHPLACE Willoughby

(19) OCCUPATION House Wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Elvira Fulton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Kingstree S.C.

Given name added from a supplemental report

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

(27) Filed Mar 31 1916 (28) J. T. Harrison  
 Registrar 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.

WHITE PRINTING. WITH UNFOLDING TABS. — THIS FORM IS 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 8.  
 McCaw, of Columbia.