

(1) PLACE OF BIRTH

County of Pickens
 Township of Harrison
 OF
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. 31835
 State Registrar Only

Registration District No. 3704 Registered No. 84
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 23 22</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Barney G. Martin</u>			(9) MOTHER <u>Annie Lusk</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Pickens, S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Pickens S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>2 1/2</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>2 1/2</u> (Years)	
(16) BIRTHPLACE <u>Pickens Co</u>			(17) BIRTHPLACE <u>Pickens Co</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 7:59 A.M. on the date above stated.
 (23) (Signature) J. H. Valley M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens 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 Oct 9 1922 (28) 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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