

(1) PLACE OF BIRTH

County of *Pickens*Township of *Eastley*

or

Inc. Town of

or

City of *Eastley*

(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

36053

Registration District No. *37-A* Registered No. *152*

(For use of Local Registrar)

City of *Eastley* (No. *106*, *Hamilton* St.; *Ward*)(2) Full Name of Child *David Hamilton Martin*

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth *54* (6) Are Parents Married? *Y* (7) DATE OF BIRTH *Oct 22 1922* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Harrison Martin*(9) PRESENT POSTOFFICE OF FATHER *Eastley SC*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40* (Years)(12) BIRTHPLACE *Eastley SC*(13) OCCUPATION *Druggist*(14) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Hamilton*(15) PRESENT POSTOFFICE OF MOTHER *Eastley SC*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36* (Years)(18) BIRTHPLACE *Eastley SC*(19) OCCUPATION *Housekeeper*(20) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *1.5* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. A. Smith*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Phy. Eastley SC #4*

Given name added from a supplemental report

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Registrar

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

(27) Filed *Nov 3 1922* (28) *E. J. Wyatt* 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.

If a child is stillborn, No report is desired of stillbirths before the fifth month of pregnancy.