

(1) PLACE OF BIRTH

County of *Anderson*Township of *Marvin*or
Inc. Town ofor
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

17578

Registration District No. Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

3 BOY OR GIRL?

Girl

4 Twin or Triplet?

To be answered only in event of Twins or Triplets

5 Number in order of birth

6 Are Parents Married?

yes

7 DATE OF BIRTH

June 29, 1922
(Month) (Day) (Year)

FATHER.

8 FULL NAME

James B. Martin

9 PRESENT POSTOFFICE OF FATHER

Liberty SC R 2

10 COLOR OR RACE

White

11 AGE AT LAST BIRTHDAY

(Years)

12 BIRTHPLACE

SC

13 OCCUPATION

Farmer

20 Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Emeline J. Slaton

(15) PRESENT POSTOFFICE OF MOTHER

Liberty SC R 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

SC

(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* at *4:15* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(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.