

McGraw-Hill, Inc. 1221 Avenue of the Americas, New York 10, N. Y.

(1) PLACE OF BIRTH

County of Anderson
Township of Kepler
OR
Inc. Town of.....
OR
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
40855

Registration District No. 308

Registered No. 82
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Lena Lema Martin

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 29 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME J. L. Martin

(9) PRESENT POSTOFFICE OF FATHER Williamston S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Minnie Hill

(15) PRESENT POSTOFFICE OF MOTHER Williamston S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(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... born... at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williamston 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 1/11 1923

(28) Lillian Russell
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.

... etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.