

(1) PLACE OF BIRTH

County of ColumbiaTownship of Warrenor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1410No. 17319Registered No. 39
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lamar Martin

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

(3) SEX OF CHILD

Girl(4) Type or Triplet ☒(5) Number in order of birth 1st(6) Age of mother 24

(7) DATE OF BIRTH

June 3, 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lamar Martin

(9) PRESENT POSTOFFICE OF FATHER

Colleton S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

22
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Teacher Lumber Plant

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Colleton S.C.

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

19
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Home work

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Lamar Martin on the date above stated.(22) (Signature) H. M. Carter

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Colleton S.C.

Given name added from a supplemental report

(25) Witness

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

(26) SIGNED

June 7, 1923

(27) 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.

Registrar

LOCAL REGISTRAR

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