

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Clark  
 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  
**31693**

Registration District No. 3612 Registered No. 70  
 (For use of Local Registrar)

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

(2) Full Name of Child Henry Martin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 16, 1927  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>James Martin</u>	(14) NAME BEFORE MARRIAGE <u>Elo Barnes</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Warrenton, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Warrenton</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>W. Va.</u>	(18) BIRTHPLACE <u>W. Va.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.) 3 A. M.  
 on the date above stated.

(23) (Signature) Charles S. Samuel (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Warrenton, SC

Given name added from a supplemental report

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

(27) Filed 9/19/27 (28) John Taylor 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.  
 THIS BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.