

(1) PLACE OF BIRTH

County of

Charleston

Township of

OR

Inc. Town of

OR

City of

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

(2) Full Name of Child

Baby Martin

File No.—For State Registrar Only

88742

Registered No.

1430

(For use of Local Registrar)

St. Ward

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 20

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Martin

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41

(Years)

(12) BIRTHPLACE

Jacksonboro, S.C.

(13) OCCUPATION

Labour

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Howard

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Adam's Run, S.C.

(19) OCCUPATION

Domestic

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

7

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn) (Hour) (M. P. M.)

(23) (Signature)

J. C. Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

W. D.

Roper Hospital

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/26/16

(28)

J. Mercier Green M.D.

Local Registrar

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.

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