

PLACE OF BIRTH

County of Florence

Township of

or
Inc. Town ofCity of Florence

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

Registration District No. 20-ARegistered No. 297
(For use of Local Registrar)(2) Full Name of Child Isaac Jackson Martin (No. 8 of 10 children) (St. Ward) (If child is not yet named, make supplemental report as directed)

(1) SEX OR GEAR <u>boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>9/11/23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Daniel Walter Martin(9) PRESENT POSTOFFICE OF FATHER of Florence S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Florence, Ala.(13) OCCUPATION Grading Foreman (State Hwy)(14) Number of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Tammham(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Gordon, Ala.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was live at 7 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Miller (24) State whether Physician or Midwife Physician (25) Address of Physn. or Midwife Florence S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 20, 1923 (M. P. H. P. H. Busham) 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.

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