

(1) PLACE OF BIRTH

County of Anderson
 Township of York
 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

13613

Registration District No. 3-5 Registered No. 62
 (For use of Local Registrar)

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

(2) Full Name of Child Sarah Martin

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____
 To be answered only in event of Twins or Triplets

(5) Number in order of birth _____
 (6) Are Parents Married? yes

(7) DATE OF BIRTH May 23 22
 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME John Henry Martin

(8) PRESENT POSTOFFICE OF FATHER Townville SC #2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE Anderson Co SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Sullivan

(15) PRESENT POSTOFFICE OF MOTHER Townville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE Anderson Co SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. M. Hobson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report.

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

(27) Filed York (28) D. T. Hallaway
 Registrar 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 25th month of pregnancy.