

(1) PLACE OF BIRTH

County of Greenville
 Township of Chickadee Springs
 or Town of Kelley
 or City of Kelley

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. - For this register
43906

Registration District No. 2213Registered No. 4
(For use of the Registrar)(No. 33 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

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

(3) Sex Male (4) Type ✓ or Triple (5) Number in order of birth 1 (6) Age 90 months
 To be entered only in case of Twin or Triple BIRTH June 7, 23
 (Date of Month) (Day) (Year)

FATHER
 (7) Full Name Paul F. Martin
 (8) Present Postoffice of Father Greenville
 (9) Color or Race white (10) Age at last birthday 19
 (11) Birthplace S.C.
 (12) Occupation Textile mill work
 (13) Number of children born to mother, including present birth One

MOTHER
 (14) Name before marriage May Belle Davidson
 (15) Present Postoffice of Mother Greenville
 (16) Color or Race white (17) Age at last birthday 20
 (18) Birthplace S.C.
 (19) Occupation Domestic
 (20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour of Birth P. M.) 11:30

(22) (Signature) W. J. Buchanan
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Kelley

Given name added from a supplemental report

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

(26) Filed July 10, 23 at Greenville 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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