

(1) PLACE OF BIRTH

County of Dorchester

Township of Graham Ferry

or Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
43269

Registration District No. 2505 Registered No. 107

(For use of Local Registrar)

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. Phillip Paul Martin, Jr. 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 Mar. 19 1905
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME William Paul Martin

9) PRESENT POSTOFFICE OF FATHER Cool Springs S.C.

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

12) BIRTHPLACE Graham Ferry Township, Dorchester Co., S.C.

13) OCCUPATION Farming

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

MOTHER.

14) NAME BEFORE MARRIAGE Jannie Lenore P. Martin

15) PRESENT POSTOFFICE OF MOTHER Cool Springs S.C.

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

18) BIRTHPLACE Graham Ferry Township Dorchester Co., S.C.

19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. King

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cynar S.C.

Given name added from a supplemental report

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

(27) Filed 2505-191 (28) W. C. King Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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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