

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

File No. — For State Registrar Only
43269

(1) PLACE OF BIRTH

County of John

Township of Galewood Ferry

Inc. or Town of

City of

Registration District No. 2505

Registered No. 107
 (For use of Local Registrar)

(No. of 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? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be marked only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Dec. 19 1915</u> <small>(Name of Month) (Day) (Year)</small>
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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 Galewood Ferry Township, John Co., S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Jannie Lenora Pittman

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

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

(18) BIRTHPLACE Galewood Ferry Township John 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. G. King

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
W. G. King Clyde S.C.

Given name added from a supplemental report

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..... Registrar

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

W. G. King (28) W. G. 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 fifth month of pregnancy.

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MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 Form No. 10. McCaw of Columbia, S.C.