

(1) PLACE OF BIRTH

County of HenryTownship of 17thor
Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

41041

Registration District No. 7508 Registered No. 138

(For use of Local Registrar)

(2) Full Name of Child Harry Leslie Martin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 26 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alex Martin

(9) PRESENT POSTOFFICE OF FATHER

Nichols S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Martin Henry Co

(13) OCCUPATION

Housewife

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

2

MOTHER.

(15) NAME BEFORE MARRIAGE

Leva Bryant

(16) PRESENT POSTOFFICE OF MOTHER

Nichols

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

23 (Years)

(19) BIRTHPLACE

Martin Co

(20) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive as 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MDNichols 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

Dec 27 1923

(28)

J. E. Brown 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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