

## 1. PLACE OF BIRTH

County of HorryTownship of Bucksor  
Inc. Town of \_\_\_\_\_or  
City of Bucksport S.C.

(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
Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(For use of Local Registrar)FILE No. - For State Registrar  
1406-42. FULL NAME OF CHILD Larry Edward Martin { If child is not yet named, make supplemental report as directed.
 1. BOY OR GIRL Boy 4. Twin or Triplet \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_ 6. Are Parents Married? Yes 7. DATE OF BIRTH January 12 1927  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

8. FULL NAME Solon Louis Martin9. PRESENT POSTOFFICE OF FATHER Bucksport, S.C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 29 (Years)12. BIRTHPLACE Bucksport, S.C.13. OCCUPATION Farmer14. Number of children born to mother, including present birth Four

## MOTHER

14. NAME BEFORE MARRIAGE Alice Low15. PRESENT POSTOFFICE OF MOTHER Bucksport, S.C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 21 (Years)18. BIRTHPLACE Bucksport, S.C.19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was Larry Edward Martin born alive at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Alice M. Martin 24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife Bucksport, S.C.

Given name added from a supplemental report

\_\_\_\_\_, 192\_\_\_\_

Registrar

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

27. Filed \_\_\_\_\_ 19\_\_\_\_ 28. \_\_\_\_\_

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.

Before the fifth month of pregnancy.