

## (1) PLACE OF BIRTH

County of MarshallTownship of Bennettsville

or

Inc. Town of .....

or

City of .....

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

(2) Full Name of Child Martha Easterling

File No. — For State Registrar Only

43705

Registration District No. 3301Registered No. 170  
(For use of Local Registrar)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

Yes

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

12 12 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Le Sam Easterling

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville S.C. R.H.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

23  
(Years)

(12) BIRTHPLACE

Marshall County

(13) OCCUPATION

Farmer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Retha Peterson

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville S.C. R.H.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Marshall County

(19) 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 at 8:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. J. H. Pate

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Bennettsville 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

Jan 5 1923

(28)

Dr. J. H. Pate

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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