

MARGIN RESERVED FOR BINDING.
 WHITE TWINS, WITH UNPAID FEE.—When an ASSET REGISTRATION is made for a child, the parent must mark the child as a "TWIN" or "TRIPLET" in question 1, and mark the child as a "TWIN" or "TRIPLET" in question 2, etc. in question 3.

(1) PLACE OF BIRTH

County of Anderson
 Township of Centerville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3021

Registration District No. 303 Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child

Jamie M. Martin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH Feb. 21, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME J. Allen Martin
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R.R. 1
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 52 (Year)
 (12) BIRTHPLACE Anderson Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth VI

MOTHER

(14) NAME BEFORE MARRIAGE Anna Eliza Martin
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R.R. 1
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 46 (Year)
 (18) BIRTHPLACE Hawson Co. Ga.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:38 M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Olga J. Powell
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed (28) 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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