

4-16-42

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of FairfieldTownship of 11

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)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 1910Registered No. 11

(For use of Local Registrar)

FILE No.—For State Registrar Only

002942. FULL NAME OF CHILD Oralee Martin

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl

If Plural

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of

Apr 419 16Girl

births

5. Number, in order of birth 5Full term YesMarried? Yes

(Month, day, year)

9. Full name

FATHER

Peter Martin

18. Name before marriage

MOTHER

Maggie Montgomery10. Residence (mailing address)
(If non-resident, give place and State)Jenkinsville S.C.19. Residence (mailing address)
(If non-resident, give place and State)Jenkinsville S.C.11. Color or race Col12. Age at child's birth 40 (years)20. Color or race Col21. Age at child's birth 30 (years)13. Birthplace (city or place)
(State or country)Fairfield Co22. Birthplace (city or place)
(State or country)Fairfield Co

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farm

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of birth and including this child)(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Born alive

I hereby certify to the birth of this child, who was at m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from

a supplementary report

(Date of)

Registrar.

(Signed)

or [Signature], Parent

Address

Filed 4-29, 1916 [Signature] Registrar.