

16 093570

Standard Certificate of Birth

FILE No.—For State Registrar Only
00294

1. PLACE OF BIRTH

County of FairfieldTownship of 11or
Inc. Town ofor
City of

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

STATE OF SOUTH CAROLINA

Registration District No. 1910 Registered No. 11
(For use of Local Registrar)

(No. St.; Ward)

2. FULL NAME OF CHILD Oralee Martin { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents <u>Yes</u>	8. Date of birth <u>Apr 4, 1916</u> (Month, day, year)
9. Full name <u>Peter Martin</u>		10. Residence (mailing address) <u>Jenkinsville S.C.</u> (If non-resident, give place and State)		18. Name before marriage <u>Maggie Montgomery</u>	
11. Color or race <u>Col</u>		12. Age at child's birth <u>40</u> (years)		20. Color or race <u>Col</u>	
13. Birthplace (city or place) <u>Fairfield Co</u> (State or country)		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm</u>		22. Birthplace (city or place) <u>Fairfield Co</u> (State or country)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		16. Date (month and year) last engaged in this work		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>	
17. Total time (years) spent in this work		19., 19.....		24. Industry or business in which work was done, as own-home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		19.....	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation.....		months	weeks	29. Cause of stillbirth.....	
				Before labor.....	
				During labor.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive 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)(Signed)....., Parent
or [Signature]....., Guardian
Address.....Filed 4-29, 1916 [Signature]
Registrar.

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.)