

## (1) PLACE OF BIRTH

County of Anderson  
Township of Hall

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

58538

Inc. Town of

Registration District No. 306Registered No. 84

City of

(No.

(For use of Local Registrar)

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

(2) Full Name of Child Lucile 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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr. 25

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Lester C. Martin(9) PRESENT POSTOFFICE OF FATHER Starr SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Laurens Co. SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Four (4)

## MOTHER

(14) NAME BEFORE MARRIAGE Lady Jackson(15) PRESENT POSTOFFICE OF MOTHER Starr SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Anderson Co. SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Two (2)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Starr 8 A M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Carl Sanders

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed June 20 1916 (28) S. M. McAdams 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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PRINT NO. 2  
 VITAL PLAINLY, WITH UNPAID FOR—THIS IS A PERMANENT RECORD.  
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE PLAIN for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 McCracken of Columbia