

Form No. 3

(1) PLACE OF BIRTH

County of Chargling
 Township of City
 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

31571

Registration District No. 360Registered No. 134
(For use of Local Registrar)(No. 17-CRK)

St. Ward)

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

(2) Full Name of Child Christie C. Martin

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 7, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Martin(9) PRESENT POSTOFFICE OF FATHER Chargling S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Chargling Co. S.C.(13) OCCUPATION Public Laborer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Balgiza(15) PRESENT POSTOFFICE OF MOTHER Chargling S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE Chargling Co. S.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 9-11 St.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Reed (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Oct. 7, 1922 (28) W. J. Dukes 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.

REMARKS: THIS CERTIFICATE IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. WITH THE PLAINLY WRITTEN NAME OF THE CHILD, THE SEX, THE DATE OF BIRTH, THE PLACE OF BIRTH, THE NAME OF THE FATHER, THE NAME OF THE MOTHER, THE COLOR OR RACE, THE AGE AT LAST BIRTHDAY, THE BIRTHPLACE, THE OCCUPATION, THE NUMBER OF CHILDREN BORN TO THE MOTHER, INCLUDING THE PRESENT BIRTH, THE DATE OF BIRTH, THE NAME OF THE PHYSICIAN OR MIDWIFE, THE SIGNATURE OF THE PHYSICIAN OR MIDWIFE, THE SIGNATURE OF THE WITNESS, THE DATE OF FILING, THE NAME OF THE LOCAL REGISTRAR, THE NAME OF THE COUNTY, THE NAME OF THE TOWNSHIP, THE NAME OF THE CITY, THE NAME OF THE STATE, THE NAME OF THE COUNTRY.