

(1) PLACE OF BIRTH

County of Kershaw

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child Mary Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age Previous Marriages <u>Yes</u>	(7) DATE OF BIRTH <u>April 28</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert F. Martin(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Kershaw S.C.(13) OCCUPATION Contractor(14) BIRTHPLACE Sumter S.C.(15) OCCUPATION Contractor(16) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary and Thompson(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Th. W.(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at Sumter S.C. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) J. H. Anderson(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by Physician)(26) Filed Aug 1 1933 (27) Local Registrar C. E. Smith

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.