

(1) PLACE OF BIRTH

County of CornwallTownship of Lincolnor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2504No. 44158Registered No. 1
(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 Sarah Janet Martin If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL girl (4) Type or Weight yes (5) Number or order of birth yes (6) DATE OF BIRTH July 11, 1923

FATHER.

(1) FULL NAME Fred Herman Martin(2) PRESENT RESIDENCE OF FATHER Pendleton(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 43(5) BIRTHPLACE Anderson, S. C.(6) OCCUPATION Farmer(7) Number of children born to mother, including present birth nine

MOTHER.

(1) NAME BEFORE MARRIAGE Ans. Means(2) PRESENT RESIDENCE OF MOTHER Pendleton, S. C.(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 41(5) BIRTHPLACE Pickens, S. C.(6) OCCUPATION Domestic(7) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Rose alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(29) (Signature) Maria Williams(30) State whether Physician or Midwife midwife (31) Address of Physician or Midwife Pendleton, S. C.

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed Jul 10 1924

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed before the fifth month of pregnancy.