

Form No. 3

(1) PLACE OF BIRTH

County of AuroraTownship of Locks

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2903 Registered No. 53

File No.—For State Registrar Only

43302

(For use of Local Registrar)

(No. 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 Sallie Viola Martin 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 event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 20, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Martin(9) PRESENT POSTOFFICE OF FATHER Perkins SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farm Work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Martin(15) PRESENT POSTOFFICE OF MOTHER Perkins SC(16) COLOR OR RACE BR (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm Work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was above at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Turner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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(26) Witness Lizzie Rose
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 1, 1923 (28) W. B. Kellogg
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL COLUMBIA, COLUMBIA, S. C.