

(1) PLACE OF BIRTH County <u>Rockland</u> Township of OR Inc. Town of OR City of <u>Columbia</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.2em;">38172</div>	
(2) Full Name of Child <u>William Pearce Martin</u>		Registration District No. <u>35</u> Registered No. <u>1162</u> (For use of Local Registrar) St.: Ward (No. <u>906</u> <u>Blessam</u>)		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 3, 1922</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER. (8) FULL NAME <u>Henry G. Martin</u> (9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small> (12) BIRTHPLACE <u>SC</u> (13) OCCUPATION <u>Salesman</u> (20) Number of children born to mother, including present birth <u>3</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Aline Pearce</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small> (18) BIRTHPLACE <u>D.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Bernadine</u> at <u>10:30</u> A.M. or P.M. on the date above stated. <u>Oct 3, 1922</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> (23) (Signature) <u>B. H. G. et al M.D.</u> (24) State whether Physician or Midwife </div> <div style="width: 50%;"> (25) Address of Physician or Midwife </div> </div>					
Given name added from a supplemental report <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <u>Col. G. G. G. G. G.</u> </div>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <u>Filed</u> <u>10-8-22</u> </div> <div style="width: 50%;"> Local Registrar. </div> </div>					
*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.					