

## PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

15945

County of Charleston  
State of SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthTownship of 11Registration District No. 4408Registered No. 15945  
(For use of Local Registrar)City of Charleston (Name of city, town or village) St. 11 Ward 11(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

## Full Name of Child

DATE OF BIRTH May 24 1923  
(Name of Month) (Day) (Year)

(1) Sex of Child <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number for order of birth <u>1</u>	(6) Age of Mother <u>24</u>
FATHER.		MOTHER.	
(7) FULL NAME <u>Wm. Martin</u>		(8) NAME BEFORE MARRIAGE <u>William</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)		(12) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(13) COLOR OR RACE <u>Caucasian</u>		(14) COLOR OR RACE <u>Caucasian</u>	
(15) BIRTHPLACE <u>Charleston S.C.</u>		(16) BIRTHPLACE <u>Charleston S.C.</u>	
(17) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>Farmer</u>	
(19) Number of children born to mother, including present birth <u>1</u>		(20) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(22) (Signature) [Signature]  
(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Give name added from a supplemental report

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

(26) Filed May 11 1923 (27) Mrs. C. F. Parker Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

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