

(1) PLACE OF BIRTH

County of AndersonTownship of Deepwell

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. - For State Register Use

38448

Registration District No. 3-C Registered No. 112

(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 Lizzy Martha Martin If child is not yet named, make supplemental report as soon as name is given.

(3) SEX OR SEX	(4) Type or Type	(5) Number in order of birth	(6) Age at Birth	(7) DATE OF BIRTH
<u>Girl</u>	<u>To be converted only in case of Twin or Triplet</u>		<u>1st</u>	<u>Dec-21-1924</u>

FATHER.		MOTHER.	
(8) FULL NAME	<u>W. Roy Martin</u>	(14) NAME BEFORE MARRIAGE	<u>Lena Maddox</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Williamston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Williamston S.C.</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>27</u>	(17) AGE AT LAST BIRTHDAY	<u>27</u>
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>3</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 7:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. L. Rayton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williamston S.C.

Given name added from a supplemental report

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

(27) Filed 1-9-1925 (28) Lillian Russell 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.

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