

(1) PLACE OF BIRTH

County of AikenTownship of Rocky Grownor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

13418

Registration District No. 209 Registered No. 22

(For use of Local Registrar)

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 Minie Mae Martin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH May 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Martin(9) PRESENT POSTOFFICE OF FATHER Sally, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Jenkins(15) PRESENT POSTOFFICE OF MOTHER Sally, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(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 alive at 1:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella X. Staley(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sally, S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Sallie
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 19, 1922 (28) Chas. H. Sallie
Local RegistrarWhen 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.