

## (1) PLACE OF BIRTH

County of Magilltown  
 Township of Hebron  
 or  
 Inc. Town of Clis  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only

18480

Registration District No. 3304 Registered No. 78  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Irmae M. Martin

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL girl (2) Twin or Triplet — (3) Number in order of birth — (4) Age Parents Married yr (5) DATE OF BIRTH Nov 10 23  
 (Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME Dargan Stanton  
 (7) PRESENT POSTOFFICE OF FATHER Clis S.C.  
 (8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 43  
 (10) BIRTHPLACE S.C.  
 (11) OCCUPATION mechanic

## MOTHER.

(12) NAME BEFORE MARRIAGE Genie Belle Pearson  
 (13) PRESENT POSTOFFICE OF MOTHER Clis S.C.  
 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 36  
 (16) BIRTHPLACE S.C.  
 (17) OCCUPATION —

(18) Number of children born to mother, including present birth 8 (19) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 8:40 M., on the date above stated. (Hour M. or P. M.)

(21) (Signature) John H. Warner M.D.  
 (22) State whether Physician or Midwife (23) Address of Physician or Midwife Clis S.C.

Given name added from a supplemental report

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

(25) Filed July 2 1923 (26) 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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