

(1) PLACE OF BIRTH

County of LaurensTownship of LaurensInc. Town of LaurensCity of Laurens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

65129

Registration District No. 2978 Registered No. 41

(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

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 June 24 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Coy Martin(9) PRESENT POSTOFFICE OF FATHER Ft. Leno, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Laurens Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Letha Wright(15) PRESENT POSTOFFICE OF MOTHER Ft. Leno, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Laurens Co.(19) OCCUPATION Housework(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 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Jas. A. Thomas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed 7/11 1916 (28) R. S. Harris

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.