

(1) PLACE OF BIRTH

County of Pulaski
 Township of City No
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

29810

Registration District No. 3702... Registered No. 68
 (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 Henry Martin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Apr 27 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME Sam Poff (14) NAME BEFORE MARRIAGE Willie Martin

(9) PRESENT POSTOFFICE OF FATHER City No 1 (15) PRESENT POSTOFFICE OF MOTHER City No 1

(10) COLOR OR RACE Colony (11) AGE AT LAST BIRTHDAY 27 (Year) (16) COLOR OR RACE Colony (17) AGE AT LAST BIRTHDAY 16 (Year)

(12) BIRTHPLACE Pulaski or (18) BIRTHPLACE Lawrence Co

(13) OCCUPATION Cannery Laborer (19) OCCUPATION Cook

(20) Number of children born to mother, including present birth 1 (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 the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. H. Wall (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wesley, 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 Oct 27 1923 (Signature of 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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