

Form No. 1

## (1) PLACE OF BIRTH

County of AllendaleTownship of AllendaleInc. Town of FairfaxCity of Fairfax

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a - For State Registrar Use

31458

Registration District No. H601Registered No. 44  
(For use of Local Registrar)(2) Full Name of Child Mary Lee Martin If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Girl (4) Twin or Triplet one (5) Number in order of birth 1st (6) Age Person Months 2 (7) DATE OF BIRTH Nov 10 1925  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eddie Martin(9) PRESENT POSTOFFICE OF FATHER Fairfax(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 30 (Year)(12) BIRTHPLACE Fairfax S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Esther Allen(15) PRESENT POSTOFFICE OF MOTHER Fairfax S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Fairfax S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charley Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fairfax 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 Nov 15 1925 (28) J. B. Cannon 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.