

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66247

(1) PLACE OF BIRTH

County of York

Township of Cross Anchor

or Inc. Town of SC

City of

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

Registration District No. 408

Registered No. 08  
(For use of Local Registrar)

(2) Full Name of Child

McComar Martin

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

(3) SEX OR GENDER

Male

(4) Twin or Triplet?

No

(5) Number in order of birth

10

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 23 1916  
(Name of Month) (Day) (Year)

(8) FATHER

Charles William Martin

(9) PRESENT POSTOFFICE OF FATHER

Cross Anchor SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

Union County -

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Matinee Patricia Smith

(15) PRESENT POSTOFFICE OF MOTHER

Cross Anchor

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39  
(Years)

(18) BIRTHPLACE

Union

(19) OCCUPATION

Farmer's Wife Domestic

(20) Number of children born to mother, including present birth

10

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M., (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

E. M. Workman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician X Anchor SC

Given name added from a supplemental report

191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

July 1, 1916

(28)

C. D. Harris  
Local Registrar

Local Registrar

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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FORM NO. 4. MICHIGAN DEPARTMENT OF HEALTH. THIS IS A PERMANENT RECORD. WITH RECORDING ENK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each Child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.