

McCaw of Columbia  
 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.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Greenville

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**46297**

Registration District No. 22 A Registered No. 30  
 (For use of Local Registrar)  
 No. 216 Manley St.; 2 Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Haskell Hair Martin Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be reported only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.  
 (8) FULL NAME Haskell H. Martin  
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Williamston, S.C.  
 (13) OCCUPATION Architect  
 (20) Number of children born to mother, including present birth One

MOTHER.  
 (14) NAME BEFORE MARRIAGE Carol Booley  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Anderson Co., S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Anderson  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wicker-Cable Bldg.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 1 1916 (28) J. Anderson 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.

Registrar

Filed August 31, 1942 M.B. Woodward, M.D.  
 Registrar.