

Form No. 1.

(1) PLACE OF BIRTH

County of EdgefieldTownship of NorthwellInc. Town of
or
orCity of
(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

File No. — For State Registrar Only
52024Registration District No. 4 Registered No. 1506

(For use of Local Registrar)

No. St. Ward

(2) Full Name of Child Martin Hogan

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 16</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Edd Hogan(9) PRESENT POSTOFFICE OF FATHER Edgefield(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Edgefield(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Harris(15) PRESENT POSTOFFICE OF MOTHER Edgefield(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Edgefield(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah P. Pickens

(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 Mar 20 1916 (28) Mrs. P. A. [Signature] 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.

MUST BE RETURNED TO THE
 STATE BOARD OF VITAL STATISTICS—100 N. A. TRAVELER BUILDING
 COLUMBIA, S. C. BY REGISTERAR OR BY MAIL. NO CHARGE.
 FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.