

(1) PLACE OF BIRTH

County of Pickens...
 Township of Eastley...
 OF
 Inc. Town of Eastley...
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 1a.—For State Registrar Only
29756

Registration District No. 27A... Registered No. 139...
 (For use of Local Registrar)

(City of (No. (St. (Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age at Birth <u>4 1/2</u>	(7) DATE OF BIRTH <u>SEP 29 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Leovari H. Martin</u>			(14) NAME BEFORE MARRIAGE <u>James Annis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Eastley S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Eastley</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Pickens Co</u>			(18) BIRTHPLACE <u>Pickens Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) C. M. Grepp

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Eastley

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 3, 1923 (28) E. F. Wynn 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.