

(1) PLACE OF BIRTH

County of Abbeville
 Township of Magnolia
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28472

Registration District No. 109 Registered No. 83
 (For use of Local Registrar)

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

(2) Full Name of Child Martina Tench

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 21, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Tench
 (9) PRESENT POSTOFFICE OF FATHER Calhoun Falls, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
 (Year) 1900
 (12) BIRTHPLACE Abbeville, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Calhoun Falls
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22
 (Year) 1900
 (18) BIRTHPLACE Abbeville, S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Allen(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Calhoun Falls

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed Sept. 29, 22 (28) A. L. Hance

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.