

# CERTIFICATE OF BIRTH

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

**File No.—For State Registrar Only**

32294

County of Spokane

Township of Waco

or

Inc. Town of.....  
or

City of .....

Registration District No. 700E

Registered No. 128

(For use of Local Registrar)

(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 Oliver Vernon Martin

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

7) BOY OR GIRL? *Girl* 4) Twin or Triplet? (5) Number in order of birth  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH.....9-19-22.....  
(Name of Month) (Day) (Year)

# FATHER

3) FULL NAME Joe Martin

9) PRESENT POSTOFFICE OF FATHER Thonah, S.C.

(15) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53  
(Years)

12 BIRTHPLACE N. C.

13) OCCUPATION *millwork*

20) Number of children born to mother, including present birth (.....) 13

**MOTHER**

(14) NAME BEFORE MARRIAGE Alice Phillips

(15) PRESENT POSTOFFICE OF MOTHER Grough, S.C.

(15) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *48* (Years)

(15) BIRTHPLACE S.C.

(19) OCCUPATION *Housewife*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23)	(Signature)	<u>H. D. [Signature]</u>
(24)	State whether Physician or Midwife	(25) Address of Physician or Midwife

M. D. | Keweenaw, A. I.

Given name added from a supplemental report

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

(27) Filed Oct. 1, 1922 (28) M. L. Brown  
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.

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