

(1) PLACE OF BIRTH

County of Laurens
 Township of Yorwings
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

90678

Registration District No. 2908 Registered No. 102
 (For use of Local Registrar)

(2) Full Name of Child

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 Dec 21 19 06
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME Thermon Martin (14) NAME BEFORE MARRIAGE Pearl Young
 (9) PRESENT POSTOFFICE OF FATHER Gray Court S.C. (15) PRESENT POSTOFFICE OF MOTHER Gray Court S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Greenville S.C. (18) BIRTHPLACE Union Mills S.C.
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Emmelle S.C.

Given name added from a supplemental report

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

(27) Filed 1/10/07 19 07 (28) R. H. Harris 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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