

(1) PLACE OF BIRTH

County of Lawrence
Township of Youngs
or
Inc. Town of

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. 107
(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

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes. (7) DATE OF BIRTH Apr 21 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Thomas Martin
(9) PRESENT POSTOFFICE OF FATHER Gray Court S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Archie S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Pearl Young
(15) PRESENT POSTOFFICE OF MOTHER Gray Court S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Irwin Mills S.C.
(19) OCCUPATION Housewife
(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 at 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 Engle S.C.

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/10/1911 (28) R. G. 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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REGISTRATION DISTRICT NO. 2908, COUNTY OF LAWRENCE, STATE OF SOUTH CAROLINA, APRIL 21, 1906, BIRTH OF A CHILD, NAME OF CHILD, SEX, COLOR, RACE, AGE AT LAST BIRTHDAY, BIRTHPLACE, OCCUPATION, NAME OF FATHER, NAME OF MOTHER, NAME OF PHYSICIAN OR MIDWIFE, ADDRESS OF PHYSICIAN OR MIDWIFE, SIGNATURE OF PHYSICIAN OR MIDWIFE, STATE WHETHER PHYSICIAN OR MIDWIFE, ADDRESS OF PHYSICIAN OR MIDWIFE, WITNESS, SIGNATURE OF WITNESS, FILED, LOCAL REGISTRAR.

