CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 16435

(1) PLACE OF BIRTH
County of Richland
Township of Richland
or
Inc. Town of .....
or
City of Columbia (No. 520 Hampton Ave. St.; 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38 Registered No. 1347
(For use of Local Registrar)

(2) Full Name of Child Hellen Elizabeth Martin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? One
(5) Number in order of birth One
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH May 2, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Martin
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Fairfield
(13) OCCUPATION Rail Road

MOTHER.

(14) NAME BEFORE MARRIAGE Emzie Lufen
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Newberry
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mattie Pearson
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife 7 Minnaugh Alley

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

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

(27) Filed 5/11 1922 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.