

(1) PLACE OF BIRTH

County of AndersonTownship of Carrollor
Inc. Town ofor
City of

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

(2) Full Name of Child C. W. Martin Jr. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb 28, 1922</u>
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FATHER.

(8) FULL NAME C W Martin(9) PRESENT POSTOFFICE OF FATHER Liberty SC # 2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Lawilla Martin(15) PRESENT POSTOFFICE OF MOTHER Liberty SC # 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE SC(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 born at 1 P M. on the date above stated.(23) (Signature) J E Allford(24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty SC # 2

Given name added from a supplemental report.

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

(27) Filed 3/18 1922 (28) W K Casey 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3111

Registration District No. 3.12 Registered No. 7 (For use of Local Registrar)

(No. St.; Ward)

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WHICH PLACES WITH REFERENCE TO A FURTHER INVESTIGATION OF THE CAUSE OF DEATH OF THIS CHILD, AND MARK THE PLACE OF BIRTH OF THE CHILD IN THE CASE OF STILLBIRTHS. No. 2, etc. in question 8.

N. B.—In case of TWINS OR TRIPLETS, give name of each child, and mark the birth of each child in the case of TWINS OR TRIPLETS.

Medium of Statement, Column 9