

## (1) PLACE OF BIRTH

County of *Cherokee*Township of *Frank*

Incl. Town of .....

City of .....

(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

28786

Registration District No. *3.25* Registered No. *9.8*

(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? *Boy* (4) Twin or triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan. 22, 1922*

## FATHER.

## MOTHER.

(8) FULL NAME *Crate Martin*(14) NAME BEFORE MARRIAGE *Blair Martin*(9) PRESENT POSTOFFICE OF FATHER *Jimmieville S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Jimmieville S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (Years)(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28* (Years)(12) BIRTHPLACE *S.C.*(18) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *1*(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 *8:15* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. W. Martin*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Jimmieville 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 *Oct. 3, 1922* (28) *J. T. Gallaway* 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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