

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		6182	
Township of <u>Needles Springs</u>		Bureau of Vital Statistics			
Inc. Town of _____		State Board of Health			
City of _____		Registration District No. <u>103</u>		Registered No. <u>3</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. _____ St. _____ Ward _____)		(For use of Local Registrar)	
(2) Full Name of Child <u>Marion Jean Martin</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</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 <u>Jan. 5, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Walter S. Martin</u>			(14) NAME BEFORE MARRIAGE <u>Jennie Frances Bowie</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C. R. 4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C. R. 4</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)		
(12) BIRTHPLACE <u>Laurin Co. A.C.</u>			(18) BIRTHPLACE <u>Abbeville Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Engenia</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Abbeville S.C. R. 4</u>					
Given name added from a supplemental report _____			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
_____, 19 _____ Registrar			(27) Filed _____ 19 _____ (28) <u>S. A. Ward, Jr.</u> 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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McGAW OF COLUMBIA, COLUMBIA, S. C.

McGAW