

## (1) PLACE OF BIRTH

County of FairfieldTownship of 15or  
Inc. Town of .....or  
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

48993

Registration District No. 1914 Registered No. 7  
(For use of Local Registrar)City of ..... St.; ..... Ward(s)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. Butler B. Martin { If child is not yet named, make supplemental report as directed

|                             |  |                                       |                                     |  |
|-----------------------------|--|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u><br><small>Is he named only in case of twins or triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 18 1916</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|--|---------------------------------------|-------------------------------------|--|

## FATHER.

(8) FULL NAME Joseph Martin(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Fairfield Co(13) OCCUPATION Farm laborer (R.R. Station)(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Oleasaw Younger(15) PRESENT POSTOFFICE OF MOTHER Columbia SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Fairfield Co. SC(19) OCCUPATION House wife(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 8 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lula Younger Med. Wf(24) State whether Physician or Midwife (25) Address of Physician or Midwife See Residence SC

Given name added from a supplemental report

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

(27) Filed Feb 19 1916 (28) JA Koot 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.

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 8.

McGaw of Columbia