

FORM NO. 2
 MARGIN RESERVED FOR PRINTING
 WHEN FILING WITH REPORTS IN CASES OF TWINS OR TRIPLETS
 IN CASES 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.
 State of Columbia
 S.C.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Barnwell
 Township of Blackville
 or
 Inc. Town of _____ Registration District No. 504 Registered No. 94
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only
84408

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplets <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Nov 10 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Jerome Martin</u>	(14) NAME BEFORE MARRIAGE <u>Ella Snook</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Blackville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blackville S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)	
(12) BIRTHPLACE <u>Barnwell Co.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Barnwell Co.</u>	(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>12</u>			

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 P.M. on the date above stated. (Born alive stillborn) (Hour and P. M.)

(23) (Signature) A. H. Bryges, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician Blackville, S.C.

Given name added from a supplemental report _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov. 20, 1916. (28) C. S. Hammond 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.