

(1) PLACE OF BIRTH

County of

Township of

or
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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

84408

Registration District No. 504

Registered No. 94

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY or Girl (4) Twin or Triplets (5) Number in order of birth (6) Are Parents Married? (7) DATE BIRTH (Name of Month) (Day) (Year)

(8) FULL NAME FATHER Jerome Martin

(9) PRESENT POSTOFFICE OF FATHER Blackville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Barnwell Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

(14) NAME BEFORE MARRIAGE MOTHER Ella Smoot

(15) PRESENT POSTOFFICE OF MOTHER Blackville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Barnwell Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 12

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) (P.M.)

(23) (Signature) S. R. Bryges, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Blackville, S.C.

Given name added from a supplemental report

101

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.