

(1) PLACE OF BIRTH

County of *Marietta*

Township of

or Inc. Town of *Mullins*

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

35518

Registration District No. *313* Registered No. *61*
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct. 5 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Augusta Stokes Altman*(9) PRESENT POSTOFFICE OF FATHER *Mullins, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33*
(Years)(12) BIRTHPLACE *Harvey Co*(13) OCCUPATION *Dentist*(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rosa Witherspoon*(15) PRESENT POSTOFFICE OF MOTHER *Mullins, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31*
(Years)(18) BIRTHPLACE *Nashington Co*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *9 P.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Frank L. Martin M.D.*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Mullins, 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. 10 22* (28) *W. M. Schuffler* 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.

REGISTRAR

LOCAL REGISTRAR

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