

NOTATION RESERVED FOR FINDING.  
 WHEN PLAINLY, WITH UNASSISTED EYE, IN A PERMANENT RECORD  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Wilkes  
 Township of Wells  
 or  
 Inc. Town of Wells  
 or  
 City of Wells (No. 1 St.; 1 Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**3001**

Registration District No. 3000

Registered No. 23  
 (For use of Local Registrar)

(2) Full Name of Child

James 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> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb 26 1922</u>
(8) FULL NAME OF FATHER <u>Wm. J. Martin</u>		(9) NAME BEFORE MARRIAGE <u>Wm. J. Martin</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Wells</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Wells</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY (Years) <u>21</u>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY (Years) <u>21</u>	
(16) BIRTHPLACE <u>Wells</u>		(17) BIRTHPLACE <u>Wells</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</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>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Wells M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed Mar 10 1922 (28) J. A. H. 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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