

(1) PLACE OF BIRTH

County of GreenwoodTownship of Walnut GroveInc. Town of Wade Shoals, S.C.City of Wade Shoals, S.C.

(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

30618

Registration District No. 23 Registered No. 954

(For use of Local Registrar)

(2) Full Name of Child Gerardine Frankles Martin (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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 20
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter L. Martin(9) PRESENT POSTOFFICE OF FATHER Wade Shoals, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Birmingham, N.Y.(13) OCCUPATION 1st. Mgr. in Orft. Store(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Mabel Jane Baudie(15) PRESENT POSTOFFICE OF MOTHER Wade Shoals, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Johnson City, N.Y.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Wade Shoals

Given name added from a supplemental report

(26) Witness [Signature]

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

(27) Filed Oct 19 19(28) [Signature] 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.