

(1) PLACE OF BIRTH

County of Greenwood
Township of Walnut Grove
OR
Inc. Town of Wade Shoals, S.C.
OR
City of Wade Shoals, S.C.

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. 957
(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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Wilbur 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, Ala.
(13) OCCUPATION Capt. Mgr. in Orft Store

MOTHER
(14) NAME BEFORE MARRIAGE Mabel Jane Baudin
(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

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

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 live or stillborn) (Hour M. or P. M.)

(23) (Signature) [Signature]
(24) State Physician or Midwife (25) Address of Physician or Midwife Wade Shoals, S.C.

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 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.