

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Anderson
 OR
 Inc. Town of _____
 OR
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
6023

Registration District No. 1830 Registered No. 4
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Martin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? _____ (5) Number in order of birth 18 (6) Are Parents Married? no (7) DATE OF BIRTH Jan 22 1922
 To be answered only in event of Twins or Triplets (Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Marks
 (9) PRESENT POSTOFFICE OF FATHER _____
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)
 (12) BIRTHPLACE North Carolina
 (13) OCCUPATION Rail Road
 (20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Theresa Marks
 (15) PRESENT POSTOFFICE OF MOTHER Anderson
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 44
 (18) BIRTHPLACE Darlington
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed Jul 1 1922 (28) G. H. Spencer 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.
 FIRST BORN, No. 1. THE OTHER, No. 2, etc., in question 5.