

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

31883

Registration District No.

Registered No.

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child. *Eliott Walter Martin*

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 6, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jack Martin

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Lexington SC.

(13) OCCUPATION

Barber

(14) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Della Kennedy

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

Columbia SC.

(19) OCCUPATION

House Keeping

(20) 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 *Alison* at *6 A.M.* (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Sallie Porter Field

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

721 Washington

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

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

(27) Filed

..... 191.....

(28)

..... 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.

before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

NOT TO BE USED FOR RECORDING PURPOSES.