

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

20116

Registered No. 103
(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

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Albert J. Martin

(9) PRESENT POSTOFFICE OF FATHER

Inman, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Rock Co. N.C.

(13) OCCUPATION

Cotton Mill Am.

MOTHER.

(14) NAME BEFORE MARRIAGE

Leila Clayton

(15) PRESENT POSTOFFICE OF MOTHER

Inman, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Sptg Co. S.C.

(19) OCCUPATION

Housewife

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

4

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born alive at 3:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

W. J. Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Inman, S.C.

Given name added from a supplemental report

Martin B. Woodward, M.D.

Assistant State Registrar

(26) Witness

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

(27) Filed

June 21, 1922

(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.