

(1) PLACE OF BIRTH

County of York
 Township of York
 Int. Town of York
 City of York

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

File No. - For State Registrar Only
19580

Registration District No. 3543 Registered No. 30
 (For use of Local Registrar)

(2) Full Name of Child

If birth occurs in a hospital or other institution, give name of same instead of street and number.
 If child is not yet named, make supplemental report as directed

FATHER 1. DOB YEAR <u>1912</u> 2. FULL NAME <u>John P. Martin</u> 3. PRESENT POSTOFFICE & STATES <u>York, S.C.</u> 4. COLOR <u>White</u> 5. AGE AT LAST BIRTHDAY <u>46</u> Years 6. BIRTHPLACE <u>York, S.C.</u> 7. OCCUPATION <u>Farmer</u> 8. Number of children born to: <u>4</u> mother, including present birth		MOTHER 9. NAME BEFORE MARRIAGE <u>Martha P. Martin</u> 10. PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u> 11. COLOR <u>White</u> 12. AGE AT LAST BIRTHDAY <u>38</u> Years 13. BIRTHPLACE <u>York, S.C.</u> 14. OCCUPATION <u>Homemaker</u> 15. Number of children of this mother now living, including present birth <u>4</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John P. Martin at York, S.C., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M. 11:00 A.M.
 (23) Signature Midwife
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife York, S.C.

Give name of doctor or midwife who attended birth of child.
 (26) Signature A. P. Martin
 (27) Address of Registrar York, S.C.

This certificate should be returned to the Registrar of the State Board of Health, Columbia, S.C., if a supplemental report is desired or stillbirth.

WHEN PLACED IN THE FILE OF THE BIRTH OF THIS CHILD, THE BIRTH OF THIS CHILD IS RECORDED IN THE BIRTH RECORD OF THE STATE OF SOUTH CAROLINA.