

(1) PLACE OF BIRTH

County of Spokane
 Township of Forest
 or
 Inc. Town of
 or
 City of

See also Vol. 2 - No. 1914
CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
2531

Registration District No. 4006 Registered No. 6
 (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 Edward Martin

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 case of Twin or Triplets 5) Number in order of birth 135 6) Are Parents Married? yes 7) DATE OF BIRTH 1-22-1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Roy Martin</u>	14) NAME BEFORE MARRIAGE <u>Minerva Green</u>	9) PRESENT POSTOFFICE OF FATHER <u>Trouble S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Trouble S.C.</u>
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
12) BIRTHPLACE <u>S.C.</u>	18) OCCUPATION <u>millwork</u>	19) BIRTHPLACE <u>N.C.</u>	20) OCCUPATION <u>housewife</u>
21) Number of children born to mother, including present birth <u>10</u>	22) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 P.M. on the date above stated. (Sign A.M. or P.M.)

(23) (Signature) N. L. Kulp
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M. W. Parrott, S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2-1-22 at 25 (28) M. W. Brown 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.

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.

MAKERS, BEWARE OF FILING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF DISCREPANCY, HAVE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3.

MADE IN COLUMBIA, S. C.