

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

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

48537

Registration District No. 1103Registered No. 6

(For use of Local Registrar)

2) Full Name of Child Martha A. Lydie

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? no(5) Number in order of birth 8

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 29, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James B. Lydie(9) PRESENT POSTOFFICE OF FATHER Cornwell Sc(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Cornwell Place(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER.

(15) NAME BEFORE MARRIAGE Lula Mc Garity(16) PRESENT POSTOFFICE OF MOTHER Cornwell Sc(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 36
(Years)(19) BIRTHPLACE Tolly Wallace Place(20) OCCUPATION house wife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:02 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Georgia M. Lydie(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cornwell Sc

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 11, 1916(28) W. A. Lydie
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.

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MAKING RECOMMENDATIONS FOR THE RECORD.
 WRITING PLAINLY, WITH CAPITAL LETTERS.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8.

State of Columbia
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