

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Martha Elizabeth Martin

File No.—For State Registrar Only

28697

Vol. 35-340

Registered No. ....

(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A

(No. A. M. E. Duffie St.; ..... Ward)

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

(3) Boy or Girl? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 12, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samie Martin

(9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37  
(Years)

(12) BIRTHPLACE Anderson, S. C.

(13) OCCUPATION merchant

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Willingham

(15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36  
(Years)

(18) BIRTHPLACE Belton, S. C.

(19) OCCUPATION Domestic

(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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9/22 19 22 (28) F. B. CRAYTON, Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., shall report. No report is desired of stillbirths before the fifth month of pregnancy.

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