

1) PLACE OF BIRTH

County of Richland

Township of

City of

City of Columbia

(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

Registration District No. 380

File No. - For State Highway Map

18928

Registered No. 499

(For use of Local Registrar)

(No. 1728 Blanding St.) Ward)2) Full Name of Child Robert Baine Martin If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>yes</u>	(7) DATE OF BIRTH <u>June 22 1923</u> (Month) (Day) (Year)
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FATHER.

FULL NAME Walter Ernest MartinPRESENT RESIDENCE OF FATHER ColumbiaCOLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (Year)BIRTHPLACE ColumbiaOCCUPATION Painter

Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Joyner(15) PRESENT RESIDENCE OF MOTHER Columbia(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Fairfield Co. S.C.(19) OCCUPATION H.M.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H. H. (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 July 15 1923 (28) W. H. H. H. 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 for stillbirths before the fifth month of pregnancy.

Before the fifth month of pregnancy.