

MAKING UNNECESSARY FOR REMOVAL.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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 1

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—for State Registrar Only	
COUNTY OF <u>Colleton</u>		STATE OF SOUTH CAROLINA		44502	
TOWNSHIP OF <u>Proctor</u>		BUREAU OF VITAL STATISTICS			
OR		STATE BOARD OF HEALTH			
INC. TOWN OF .....		REGISTRATION DISTRICT NO. <u>1403</u>		REGISTERED NO. <u>15</u>	
OR				(For use of Local Registrar)	
CITY OF .....		(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 <u>Virginia Mae Martin</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OF CHILD <u>Girl</u>	(4) Type of Infant <u>To be covered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>11</u>	(6) Age of Parent <u>yes</u>	(7) DATE OF BIRTH <u>Dec 7, 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Martin</u>			(14) NAME BEFORE MARRIAGE <u>Daisy Martin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ehrhardt S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ehrhardt S.C.</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u>			(17) AGE AT LAST BIRTHDAY <u>34</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farm laborer</u>		
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>9</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Martha Johnson</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Ehrhardt S.C.</u>					
(26) Given name added from a supplemental report			(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>Mar 16, 1924</u> (29) <u>H. S. Kinard</u> 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.