

THIS IS A PRESENT RECORD. IF THE CHILD IS A TWIN OR TRIPLET, SEE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Parkersburg</u>		STATE OF SOUTH CAROLINA		5388	
Township of <u>very</u>		Bureau of Vital Statistics			
City of <u>Easley</u>		State Board of Health			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>37-9</u>		Registered No. <u>19</u>	
				(For use of Local Registrar)	
(2) Full Name of Child <u>Winfred Burke Martin</u>		(No. St.; Ward)		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 28 22</u>	
		To be answered only in event of Twins or Triplets		(See of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>W. C. Martin</u>	(14) NAME BEFORE MARRIAGE <u>Myra Hoffman</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>very Mo</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>very Mo</u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>	(16) COLOR OR RACE <u>White</u>			
(12) BIRTHPLACE <u>Parkersburg</u>	(17) AGE AT LAST BIRTHDAY <u>34</u>	(18) BIRTHPLACE <u>Dumbarton N.Y.</u>			
(13) OCCUPATION <u>Trifling</u>	(19) OCCUPATION <u>Director</u>				
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Easley</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lee Wall M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Easley, S.C.</u>					
Given name added from a supplemental report.					
(26) Witness <u>Ed. Neath</u>					
(27) Filed <u>Mar 4 22</u> (28) <u>Ed. Neath</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.					

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