

(1) PLACE OF BIRTH

County of CherokeeTownship of WashburnInc. Town of Salmon Falls

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

Registration District No. 109

No. for this register

8995

Registered No. 41
(For use of Local Registrar)(2) Full Name of Child Lucille Martin

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

(3) BOY OR GIRL <u>Girl</u>	(4) Type or Trace <u>✓</u> To be reported in case of Type or Trace	(5) Number in order of birth <u>✓</u>	(6) Age Parents Married <u>yo</u>	(7) DATE OF BIRTH <u>Apr 14 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Freight Martin</u>	(10) NAME BEFORE MARRIAGE <u>Bessie Sumner</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Salmon Falls S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Salmon Falls S.C.</u>
(12) COLOR OR RACE <u>white</u>	(14) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(13) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(16) BIRTHPLACE <u>Idaho</u>	(18) OCCUPATION <u>Latters Miss</u>	(17) BIRTHPLACE <u>Idaho</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5-30 M., on the date above stated. (Hour M. or P. M.)(23) (Signature) W. T. T. T.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Salmon Falls S.C.

Given name added from a supplemental report

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

(27) Filed May 9 1923 (28) F. O. M. 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.

Registrar	Local Registrar
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