

PLACE OF BIRTH

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. — For this Register  
**44064**

County of Saluda

Township of Phonix

City of Phonix

Registration District No. 3006

Registered No. 2  
(For use of Local Registrar)

City of Phonix

(No. 2 Ward 2)

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

(1) Full Name of Child Miss Martha J.

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

(2) Sex Female (3) Date of Birth July 7 (4) Age 7 (5) Time of Birth 7:00 (6) Day 7 (7) Year 1924

FATHER  
(8) Full Name Miss Martha  
(9) Present Postoffice of Father Dyers  
(10) Color or Race White (11) Age at Last Birthday 48  
(12) Birthplace SC  
(13) Occupation Farmer  
(14) Number of children born to mother, including present birth 2

MOTHER  
(15) Full Name Anna Bell  
(16) Present Postoffice of Mother Dyers  
(17) Color or Race W (18) Age at Last Birthday 39  
(19) Birthplace SC  
(20) Occupation at home  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child who was White at 7:00 M. or P. M. on the date above stated.

(23) (Signature) Ann Bell

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Phonix

Given name added from a supplemental report

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

(27) Filed Jan 23 1924 (28) Excella Culler

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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