FORM NO. 4 MARGIN RESERVED FOR BINDING.
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 5.
M. Cw. of Columbia

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of Abbeville

or

City of Abbeville

(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

File No.—For State Registrar Only
25622

Registration District No. 1-A Registered No. 87 (For use of Local Registrar)

(No. Main St. 3rd Ward)

(2) Full Name of Child Eunice Eveline Martin — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	X	X	Yes	Aug 21 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME William Hube Martin	(14) NAME BEFORE MARRIAGE Maggie Fridy
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Abbeville Co.	(18) BIRTHPLACE Abbeville S.C.
(13) OCCUPATION Mill Operator	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 9	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alm at 1 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. Lyon Hill M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

....., 191...

..... Registrar

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

(27) Filed Aug 21st 1915 (28) T. G. Perrin 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 [illegible] pregnancy.