

FORM No. 10. MARGIN RESERVED FOR PRINTING. 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. McCaw, of Columbia

(1) PLACE OF BIRTH

County of Greenville
 Township of Chickadee
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
42989

Registration District No. 2204 Registered No. 107
 (For use of Local Registrar)

(2) Full Name of Child Walter H. Hammond } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Dec 11 1914</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter H. Hammond</u>	(14) NAME BEFORE MARRIAGE <u>Ruth Wynne</u>			
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE		(18) BIRTHPLACE		
(13) OCCUPATION		(19) OCCUPATION		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report 191.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled 191..... (28) J. W. Garrett 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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