

Form No. 10.

MARGIN RESERVED FOR INDEXING. 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
Inc. Town of
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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec. 11 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter H. Hammon
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Greenville, S.C.
(13) OCCUPATION
(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Wayne
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Greenville, S.C.
(19) OCCUPATION
(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 11:00 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 Greenville, 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 (28) [Signature] 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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