

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 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

3746

Registration District No. 1309 Registered No. 15
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same, address of street and number.)

(2) Full Name of Child Oneal Hammitt 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) Age Parents Married _____ (7) DATE OF BIRTH Feb 28 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Reuben Hammitt

(9) PRESENT POSTOFFICE OF FATHER Davis Sta sc

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32
 (Years)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Hammitt

(15) PRESENT POSTOFFICE OF MOTHER Davis Sta sc

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23
 (Years)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION House Freed

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Oneal at 4 P
 on the date above stated. (Born alive or Stillborn) (Hour, M., or P. M.)

(23) (Signature) Reddy Lawson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 28 1922(28) F. E. Richman

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.