

(1) PLACE OF BIRTH

County of RichlandTownship of Clintonor
Inc. Town of

City of

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

(2) Full Name of Child

James Hamo

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register
11855Registration District No. 3501Registered No. 6
(For use of Local Registrar)

St. Ward

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

(a) SEX OF CHILD <u>Boy</u>	(b) AGE OF CHILD <u>2</u>	(c) DATE OF BIRTH <u>Feb 7 1945</u>
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FATHER.		MOTHER.	
(1) FULL NAME <u>R. Tillman Medlin</u>	(14) NAME OF MOTHER <u>Rellie Jacobs</u>	(16) PRESENT RESIDENCE OF FATHER <u>Blaney St.</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Blaney St.</u>
(10) COLOR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>	(10) COLOR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(12) OCCUPATION <u>Farming</u>	(12) OCCUPATION <u>Home duties</u>	(18) NUMBER OF CHILDREN born to mother, including present birth <u>5</u>	(18) NUMBER OF CHILDREN of this mother now living, including present birth <u>3</u>

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Open alive or stillborn. (Time A.M. or P.M.))

(21) Signature <u>W.D. Long</u>	(22) State whether Physician or Midwife <u>Physician</u>	(23) Address of Physician or Midwife <u>Blaney St.</u>
Given name added from report <u>2/7/45</u>		
(24) Witness <u>Willie Farmer</u>	(25) Filed <u>Feb 15 1945</u>	

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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