

## (1) PLACE OF BIRTH

County of *Sp. Laurens*Township of *Reidsville*

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

66298

Registration District No. *4117* Registered No. *79*

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June, 14, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *James Henry Hamby*(9) PRESENT POSTOFFICE OF FATHER *Greer R. 5*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *Greer R. 1*(13) OCCUPATION *Farmer*(16) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lucile Loford*(15) PRESENT POSTOFFICE OF MOTHER *Greer R. 5*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *Hoodruff*(19) OCCUPATION *Housewife*(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 *Born alive* *10:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *James H. Hamby*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greer R. 5*

Given name added from a supplemental report

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

(27) *James H. Hamby* (28) *James H. Hamby* 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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