

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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
46366

(1) PLACE OF BIRTH
 County of Yamhill
 Township of Yamhill
 or
 Inc. Town of Yamhill Registration District No. 2209 Registered No. 18
 (For use of Local Registrar)
 City of Yamhill (No. 14 Seaside St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Leland Hamby } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>no</u> <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 19</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	---	--	-------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>William A Hamby</u>	(14) NAME BEFORE MARRIAGE <u>Minnie Hall</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Yamhill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u> </u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Genieve St</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Yamhill S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 T. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) George W. Wacker
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Yamhill S.C.

Given name added from a supplemental report
 _____, 1916

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Exec'd Jan 20 1916 (28) A. N. Mackey 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.
 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.