

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Yamhill STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Greenwell State Board of Health

File No.—For State Registrar Only

46366

Inc. Town of Marion Registration District No. 2209 Registered No. 18
(For use of Local Registrar)
City of Marion (No. 14 Seaside St.; Seaside 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? Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William A Hamby(9) PRESENT POSTOFFICE OF FATHER Greenwell(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Marion St(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Hall(15) PRESENT POSTOFFICE OF MOTHER Greenwell(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Marion St(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. W. W. W.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwell

Given name added from a supplemental report

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

(27) Filed Jan 20 1916 (28) A. N. Mackay 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.

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.