

Form No. 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Cainvilleor
Inc. Town of Mountain Iron, S.C.or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

56068

Registration District No. 2.2.06 Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child

Ellen Elizabeth Hammett

If child is not named, make report as directed

(3) BOY OR GIRL?

girl

(4) Twin, Mother or Triplet?

(5) Number and order of birth

6

(6) Age Parents Married?

yes

(7) DATE OF BIRTH

Apr. 14, 1916

FATHER.

(8) FULL NAME

J. Fred Hammett

(9) PRESENT POSTOFFICE OF FATHER

Mountain Iron, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Greenville

(13) OCCUPATION

mill work

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

6

MOTHER.

(15) NAME BEFORE MARRIAGE

Thora King

(16) PRESENT POSTOFFICE OF MOTHER

Mountain Iron, S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

27

(Years)

(19) BIRTHPLACE

Greenville Co

(20) OCCUPATION

Housework

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8:22 a.m. on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)

J. A. Thomas

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

St. Ann, S.C.

Given name added from a supplementary report

not 3W. M. MillerSuper Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10, 1916

(28)

J. A. Thomas

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 2.

McCaw, of Columbia.