

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 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

41782

Registration District No. 1309Registered No. 83
(For use of Local Registrar)

City of (No. 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 Bertha Hammett {If child is not yet named, make supplemental report as directed

3. BOY OR GIRL girl 4. Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 19 22
 (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Nelson Hammett
 9. PRESENT POSTOFFICE OF FATHER Davis Sta 8 C
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Lester Ann Hammett
 (15) PRESENT POSTOFFICE OF MOTHER Davis Sta 8 C
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Clarendon Co
 (19) OCCUPATION Home & field

20. Number of children born to mother, including present birth 221. 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 Celine at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gertrude Sumner
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumner, S. C.

Given name added from a supplemental report

(26) Witness W. F. R. 3
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 24 19 22 (28) F. B. Richbourg
 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.

RECEIVED BY CLERK OF THE BOARD OF HEALTH, STATE OF SOUTH CAROLINA, AT THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. FILE NO. 41782