

(1) PLACE OF BIRTH

County of

*Auderson*  
*Kendleton*

Township of

or  
Inc. Town of

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

248

Registration District No. *310* Registered No. *6*  
(For use of Local Registrar)

(2) Full Name of Child *Mary Elizabeth Hambar* 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  
*1*  
(Take parental note in case of twins or triplets)

(6) SEX  
*Female*

(7) DATE OF BIRTH *1 15 22*  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *William Hambar*

(9) PRESENT POSTOFFICE OF FATHER *Paul Wagon S.C.*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *35*  
(Years)

(12) BIRTHPLACE *Aud. Co., S.C.*

(13) OCCUPATION *Section Hand, (R. R.)*

(14) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Rosal Smith*

(15) PRESENT POSTOFFICE OF MOTHER *#1 Kendleton, S.C.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *33*  
(Years)

(18) BIRTHPLACE *Aud. Co., S.C.*

(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 at 4:30 P.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. E. Hartman*

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
*Kendleton*

Given name added from a supplemental report

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

(27) Filed *Feb. 19, 22* (28) *N. M. Sawright*  
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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MARGIN RESERVED FOR BINDING