

(1) PLACE OF BIRTH

County of

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) SEX OF CHILD
Girl

(4) Twin or Triplet?

(5) Number in order of birth

(Take parental order in case of twins or triplets)

(6) AGE
Months

(7) DATE OF BIRTH

1. 15. 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

William Hambar

(9) PRESENT POSTOFFICE OF FATHER

Rd. Union S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

And. 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

Pearl Smith

(15) PRESENT POSTOFFICE OF MOTHER

#1 Knellerton, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

And. Co., S.C.

(19) OCCUPATION

Housewife

(20) 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. C. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Knellerton

Given name added from a supplemental report

191

(26) Witness

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

(27) Filed

Feb. 19, 1922

(28) H. 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

THIS SPACE IS RESERVED FOR A SUPPLEMENTAL REPORT