

Form No. 1

(1) PLACE OF BIRTH

County of Lainfield

Township of

or

Inc. Town of Hamlet

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24304

Registration District No. 19-2Registered No. 40
(For use of Local Registrar)

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

(2) Full Name of Child Helen Alma Amess

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Girl (2) Twin or Triplet No (3) Number in order of birth 1 (4) Are Parents Married Yes (5) DATE OF BIRTH Aug 11, 1923
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME John Amess(7) PRESENT POSTOFFICE OF FATHER Hamlet, S.C.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 41
(Year)(10) BIRTHPLACE Syria(11) OCCUPATION Merchant(12) Number of children born to mother, including present birth 1 2

MOTHER.

(13) NAME BEFORE MARRIAGE Naggie Sanders(14) PRESENT POSTOFFICE OF MOTHER Hamlet, S.C.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 23
(Year)(17) BIRTHPLACE Charleston(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born live at 4:10 P. M.,
on the date above stated. (Hour A. M. or P. M.)(21) (Signature) Samuel Sanders(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife Hamlet, S.C.

Given name added from a supplemental report

(24) Witness

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

(25) Filed 1923(26) J. M. Haynes
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.