

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 5.

(1) PLACE OF BIRTH

County of Williamsburg
Township of Mougon
or
Inc. Town of
or
City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

83877

Registration District No. 4306 Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child Lucile Hammer (If child is not yet named, make supplemental report as directed.)

(3) ~~Boy or~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jol Hammer
(9) PRESENT POSTOFFICE OF FATHER Cades
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Florence Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Fulton
(15) PRESENT POSTOFFICE OF MOTHER Cades
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Williamsburg Co.
(19) OCCUPATION House wife
(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 alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Monroe
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Last City S.C.

Given name added from a supplemental report

(26) Witness B. M. Smith (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 8, 1916 (28) J. T. Harrison 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.