

## (1) PLACE OF BIRTH

County of HammerTownship of Hammeror  
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

14588

Registration District No. 2015Registered No. 9  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Dec 18, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Algo Price

(9) PRESENT POSTOFFICE OF FATHER

Hammer S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Plumber

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

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Mae Souders

(15) PRESENT POSTOFFICE OF MOTHER

Hammer S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(22) (Signature)

J. A. Summers

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Physician Hammer S.C.

Given name added from a supplemental report

(25) Witness

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

H. B. H. H. H.

(26) Filed

19

(27)

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.

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.