

(1) PLACE OF BIRTH

County of Dillon
 Township of Harlem
 OR
 Inc. Town of.....
 OR
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18385

Registration District No. 1607 Registered No. 62
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maudy Hamer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 1, 1922
 To be answered only in event of Twins or Triplets (Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Ruther Hamer</u>	(14) NAME BEFORE MARRIAGE <u>Hessie Stirling</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Little Rock, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Little Rock, S.C.</u>
(9) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Sc</u>	(18) BIRTHPLACE <u>Sc</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>One</u>	(22) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Olivia at 630 P.
 on the date above stated. (Born alive or stillborn?) (Hour A.M. or P.M.)

(24) (Signature) Mogelle M. Neil (25) Address of Physician or Midwife Little Rock, S.C.
 State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness James H. Hardy (27) Local Registrar 137 Hardy
 (Signature of Witness necessary only when question 24 is signed by mark)

*When there was no attending physician or midwife, the person who delivered the child, the householder, etc., should make this return. If a child breathes even once, a report is desired of stillbirth.