

(1) PLACE OF BIRTH

County of Anderson

Township of Williamson

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

48053

Registration District No. 314 Registered No.

(For use of Local Registrar)

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

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? Two (5) Number in order of birth Two (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jon Franklin Hammond

(14) NAME BEFORE MARRIAGE May Belle Collins

(9) PRESENT POSTOFFICE OF FATHER Belton S C (R. 703)

(15) PRESENT POSTOFFICE OF MOTHER Belton S C

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Belton S C

(18) BIRTHPLACE Belton S C

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 530 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. H. Young, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S. C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed Feb 1 1916 (28) R. L. Hogg, Reg. Sec. 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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WRITING IN THESE SPACES WILL BE RECORDED. 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.