

Form No. 10.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

Law of Columbia

of

(1) PLACE OF BIRTH

County of Greenville  
Township of Fairview  
or  
Inc. Town of Ft. Sum  
or  
City of

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

15-00

Registration District No. 12-10 Registered No. 15-  
(For use of Local Registrar)

2) Full Name of Child John Aicy Hamrick } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Neither (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 17 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Clarence Thomas Hamrick

(9) PRESENT POSTOFFICE OF FATHER Ft. Sum, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE Lancaster Co. S.C.

(13) OCCUPATION Dentist.

(20) Number of children born to mother, including present birth 3.

MOTHER.  
(14) NAME BEFORE MARRIAGE Mystle Hamrick.

(15) PRESENT POSTOFFICE OF MOTHER Ft. Sum S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24.  
(Years)

(18) BIRTHPLACE Cleveland Co. N.C.

(19) OCCUPATION Housework.

(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) Jas. A. Thomason

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

Physician Ft. Sum S.C.

Given name added from a supplemental report

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

(27) Filed Mar 10 1916 (28) J. B. Duckie 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.