

MARGIN RESERVED FOR INDEXING.

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, THIS OFFICIAL, No. 2, etc., in question 5.

State of Columbia

(1) PLACE OF BIRTH

County of Greenville
Township of Lawrence
or
Inc. Town of Ft Inn
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43-60

Registration District No. 12-10Registered No. 15-
(For use of Local Registrar)2) Full Name of Child John Acey 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
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 17, 1916
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.
Clarence Thomas Hamrick

(9) PRESENT POSTOFFICE OF FATHER

Ft Inn, 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

(14) NAME BEFORE MARRIAGE

MOTHER.
Myrtle Hamrick.

(15) PRESENT POSTOFFICE OF MOTHER

Ft. Inn S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Cleveland Co. S.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 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jas. A. Thompson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Ft. Inn S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Mar 10, 1916

(28)

J. B. Ducker

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.