CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 24793

(1) PLACE OF BIRTH
County of Anderson
Township of Isom
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 315 Registered No. 46 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth — To be answered only in event of Twins or Triplets | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Mar. 11, 19 22 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Hammond
(9) PRESENT POSTOFFICE OF FATHER Anderson SC RF2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 56 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Macie Ellison
(15) PRESENT POSTOFFICE OF MOTHER Anderson SC RF 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Liv (Born alive or stillborn) at 10 a. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. E. Ellison
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty S.C.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed 9/1/12 19 12 (28) W. L. Carey
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.