

Form No. 1

## (1) PLACE OF BIRTH

County of BarnwellTownship of Red Oak

Inc. Town of

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

58736

Registration District No. 509 Registered No. 18  
(For use of Local Registrar)(2) Full Name of Child Rosa Hammond { If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 8, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Hammond(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C. R.F.D. 2(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Barnwell Co.(13) OCCUPATION Section hand for Ry. Co.(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Harley(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C. R.F.D. 2(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Barnwell Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was live at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Rebecca Carter

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

Midwife Barnwell S.C. R.F.D. 2

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 May 20, 1916 (28) W. K. K. K. 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.

MARGIN RESERVED FOR BINDING.  
WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
Law. of Columbia.