

(1) PLACE OF BIRTH

County of Wayne
 Township of Hammett

Inc. Town of.....
 or

City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 1-6-2

Registered No.
 (For use of Local Health Officer)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laura Louise Hammett

(3) SEX <u>Female</u>	(4) Type or Figure <u>Scarcely</u>	(5) Number of children of this mother <u>4</u>	(6) Age at birth <u>26</u>	(7) Date of birth <u>Jan 26, 1922</u>
FATHER			MOTHER	
(8) NAME <u>Robert Hammett</u>			(9) NAME <u>Laura Louise</u>	
(10) CURRENT RESIDENCE <u>Hammett</u>			(11) CURRENT RESIDENCE <u>Hammett</u>	
(12) COLOR of hair <u>Black</u>	(13) AGE at birth <u>26</u>	(14) COLOR of skin <u>White</u>	(15) AGE at birth <u>26</u>	(16) DATE OF BIRTH <u>Jan 26, 1922</u>
(17) OCCUPATION <u>Housewife</u>	(18) OCCUPATION <u>Housewife</u>	(19) Number of children of this mother now living, including present birth <u>3</u>	(20) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Dr. Hammett
 (23) State whether Physician or Midwife

Given name added from a supplement-
 tal report

(24) Witness
 (Signature of Witness necessary only
 when question 25 is signed by mother)

(25) Filed Feb 9, 1922 (26) H. H. Hammett

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

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