(1) PLACE OF BIRTH
County of Saluda
Township of #2
or Inc. Town of
or 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
44757

Registration District No. 3901 Registered No. 29
(For use of Local Registrar)
No. ..... St.; ..... Ward)

(2) Full Name of Child Robert Lewis Nelson 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?	(7) DATE OF BIRTH
Boy		3	Yes	Dec. 31 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie W Hammond
(9) PRESENT POSTOFFICE OF FATHER Ridge Spring
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Saluda Co. S.C.
(13) OCCUPATION Farmer (Rented)
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Lavalle Lanier
(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Saluda Co. S.C.
(19) OCCUPATION Farm & Park Saleslady
(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 born alive at 9:00 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Young M.D.
(24) State whether Physician or Midwife: Phys
(25) Address of Physician or Midwife: Ridge Spring S.C.

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 13 1924 (28) Mrs J S Crouch
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.

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Bureau of Vital Statistics, State Board of Health, Columbia, S. C.
FIRST BORN. No. 1. THIS CERTIFICATE, No. 3, etc., to be given to parents of each child and made the