

13499

Registration District No. 1204 Registered No. 31  
(For use of Local Registrar)

Full Name of Child Maria Hernandez If child is not yet named, make appropriate entry as directed

|  |                                |  |                                      |                                 |
|--|--------------------------------|--|--------------------------------------|---------------------------------|
| 1. SEX OF CHILD<br>girl                                | 4. AGE OF FATHER<br>29         | 13. NUMBER OF CHILDREN OF THIS MARRIAGE<br>2 | 14. IS CHILD MARRIED<br>yes          | 15. DATE OF MARRIAGE<br>1-15-23 |
| FATHER'S NAME<br>Hammond                               |                                |  | MOTHER'S NAME<br>Bessie Howard       |                                 |
| FATHER'S RESIDENCE<br>Baltimore Md                     |                                |  | MOTHER'S RESIDENCE<br>Jefferson S.C. |                                 |
| 16. COLOR OF CHILD<br>Black                            | 17. AGE AT LAST BIRTHDAY<br>35 | 18. COLOR OF MOTHER<br>Black                 | 19. AGE AT LAST BIRTHDAY<br>29       |                                 |
| 20. BIRTHPLACE<br>S.C.                                 |                                |  | 21. BIRTHPLACE<br>S.C.               |                                 |
| 22. OCCUPATION<br>Public work                          |                                |  |                                      |                                 |
| 23. NUMBER OF CHILDREN BORN TO THIS MARRIAGE<br>1 June |                                |  |                                      |                                 |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was . . . . . (Born alive or stillborn) (Sex: M. or F.)  
on the date above stated.

|   |                                      |  |
|---|--------------------------------------|--|
| (20) (Signature)                        | W. C. [Signature]                    |  |
| (24) State whether Physician or Midwife | (26) Address of Physician or Midwife |  |
| Physician                               | Jefferson St.                        |  |

Give name added from a supplementary report

See *AB* 9-11-52

19  
Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 3-14-23 19 (28) *D. P. Benson*

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 stillbirths before the fifth month of pregnancy.