

Form No. 1

(1) PLACE OF BIRTH

County of Darlington Co.Township of Lanhamor
Loc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3903

Registration District No. 1504 Registered No. 60
(For use of Local Registrar)(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child William Ham If child is not yet named, make supplemental report as directed(3) Sex Male (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 21 22
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Ham</u>	(14) NAME BEFORE MARRIAGE <u>William DuBois</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lanham Co.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lanham Co.</u>
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(18) BIRTHPLACE <u>L.C.</u>
(12) BIRTHPLACE <u>L.C.</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Miller (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lanham Co.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
..... 19 Registrar	(27) Filed <u>3/10</u> 22 (28) <u>P. H. Smith</u> 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.