

## (1) PLACE OF BIRTH

County of LowndesTownship of HamletInc. Town of HamletCity of Hamlet

(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

4385

Registration District No. 29B Registered No. 11

(For use of Local Registrar)

(No. 1 of 1 Ward)(2) Full Name of Child Ac. A. If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

to be entered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH 11 11 1911  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ac. A.(9) PRESENT POSTOFFICE OF FATHER Hamlet(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 11  
(Years)(12) BIRTHPLACE Hamlet(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE Ac. A.(15) PRESENT POSTOFFICE OF MOTHER Hamlet(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 11  
(Years)(18) BIRTHPLACE Hamlet(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Hamlet M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ac. A.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hamlet

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date Nov. 11, 1911 (28) J. W. Bailey 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 sixth month of pregnancy.