

(1) PLACE OF BIRTH

County of AndersonTownship of PiedmontInc. Town of PiedmontCity of Piedmont

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 313

File No. - For State Registrar's Use

181

Registered No. 8

(For use of Local Registrar)

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

(2) Full Name of Child Milford Lewis Hambley

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type or Triplet Single (5) Number in order of birth 1

To be covered only in event of Twin or Triplet

(6) Age of Child 29 (7) DATE OF BIRTH Jan 29 of 3

(8) (Month) (Day) (Year)

FATHER

(9) FULL NAME Carl Hambley(10) PRESENT RESIDENCE Piedmont(11) COLOR OR RACE white (12) AGE AT LAST BIRTHDAY 26(13) BIRTHPLACE S.C.(14) OCCUPATION Miss Mary(15) Number of children born to mother, including present birth 1

MOTHER

(16) FULL NAME Essie Woodward(17) PRESENT RESIDENCE Piedmont(18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 26(20) BIRTHPLACE S.C.(21) OCCUPATION Domestic(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 1030 A.M. on the date above stated. (24) (Signature) Jan 31 1903(25) State whether Physician or Midwife (26) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

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

(28) Place Jan 31 1903 (29) Local Registrar D. J. Fleming

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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