

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster
 Township of Mayesville
 or
 Inc. Town of
 or
 City of

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

No. 263

Registration District No. Registered No.
 (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 Harold Thor Ammon

If child is not yet named, supplemental report as directed

| | | | | |
|---|---|--|---|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet To be answered only in case of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married <u>yes</u> | (7) DATE OF BIRTH <u>Aug 1 1923</u> (Name of Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| (8) FULL NAME <u>Thor E. Ammon</u> | | | (14) NAME BEFORE MARRIAGE <u>Mary E. Evans</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Mayesville S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Mayesville S.C.</u> | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY (Years) | (16) COLOR OR RACE <u>white</u> | (17) AGE AT LAST BIRTHDAY (Years) | |
| (12) BIRTHPLACE <u>S.C.</u> | | (18) BIRTHPLACE <u>S.C.</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>2</u> | | (21) Number of children of this mother now living, including present birth <u>2</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 on the date above stated.
 (Born alive or stillborn) (Hour A. M.)

(23) (Signature) Mary Evans
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mayesville

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 19 1923 (28) C. N. Carter
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Revised by Columbia, S. C.