

(1) PLACE OF BIRTH

County of Hill  
Township of Cambridge  
or  
Inc. Town of .....  
or  
City of .....

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

No. for State Registrar Only  
**39919**

Registration District No. 1601 Registered No. ....  
(For use of Local Registrar)

St.; ..... Ward)  
(No. ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Ethel Whittington If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married yes (7) DATE OF BIRTH Dec 15 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James Whittington  
(9) PRESENT POSTOFFICE OF FATHER Hammer  
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 29  
(12) BIRTHPLACE Hammer  
(13) OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Nancy Green  
(15) PRESENT POSTOFFICE OF MOTHER Hammer  
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 28  
(18) BIRTHPLACE South Carolina  
(19) OCCUPATION Farmer  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.  
(22) (Signature) James Whittington  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Hammer

Given name added from a supplemental report  
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filled 23 (27) Local Registrar W. H. Campbell

\*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.