

(1) PLACE OF BIRTH

County of ChesterfieldTownship of P.O. Hill

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23999

Registration District No. 1258 Registered No.
(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 Stanne May Ham If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 3, 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Ham</u>	(14) NAME BEFORE MARRIAGE <u>Lucy Ham</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Chester R. 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chester R. 2</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>about 42</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>about 40</u> (Years)
(12) BIRTHPLACE <u>Chesterfield Co.</u>	(18) BIRTHPLACE <u>Chesterfield Co.</u>	(13) OCCUPATION <u>Farm</u>	(19) OCCUPATION <u>House & farm work</u>
(20) Number of children born to mother, including present birth <u>1 1 3</u>	(21) Number of children of this mother now living, including present birth <u>1 1 0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:28 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Beards(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Locust Hill, R. 2

Given name added from a supplemental report

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

(27) Filed 19 (28) H. S. Matheson 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.