

## (1) PLACE OF BIRTH

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

File No.—For State Register Use

220

County of AndersonTownship of Belton

Inc. Town of .....

City of .....

Registration District No. 300 Registered No. 76  
 (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 William H. Hambel If child is not yet named, make supplemental report as directed

|                              |   |                                 |  |  |
|------------------------------|---|---------------------------------|--|--|
| (3) SEX OR<br>GAL <u>Boy</u> | (4) Twin<br>or Triplet<br>To be answered only in event of Twin or Triplet | (5) Number in<br>order of birth | (6) Are<br>Parents<br>Married <u>Yes</u> | (7) DATE OF<br>BIRTH <u>Jan 3 1923</u><br>(Name of Month) (Day) (Year) |
|------------------------------|---|---------------------------------|--|--|

## FATHER.

(8) FULL  
NAME William H. Hambel(9) PRESENT  
RESIDENCE  
OF FATHER Belton S.C.(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 31  
(Years)(12) BIRTHPLACE Anderson(13) OCCUPATION Farmer(14) Number of children born to  
mother, including present birth Three

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Ellen M. McHaffey(15) PRESENT  
RESIDENCE  
OF MOTHER Belton(16) COLOR  
OR  
RACE White (17) AGE AT LAST  
BIRTHDAY 25  
(Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(20) Number of children of this mother  
now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 5:41 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Thos. L. Leland M.D.(23) State whether Physician or Midwife (24) Address of Physician or Midwife  
Belton S.C.Given name added from a supplement-  
 al report

(25) Witness .....

(Signature of Witness necessary only  
 when question 23 is signed by party)(26) Filed Feb 2 1923 (27) J. P. Allen  
 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.

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