

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of 4th

or
Inc. Town of Anderson S.C.

or
City of

(No. St.; Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

6990

Registration District No. 214

Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Engine Porter Hamme

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

(3) SEX OR
GENDER Male

(4) Twin
or Triplet
To be answered only in event of Twin or Triplet

(5) Number in
order of birth

(6) Are
Parents
Married? Yes

(7) DATE OF
BIRTH Feb 19 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Oliver Eugene Hamme

(9) PRESENT
POSTOFFICE
OF FATHER Andrews S.C.

(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 37
(Year)

(12) BIRTHPLACE
Georgetown Cong. S.C.

(13) OCCUPATION
Carpenter

(14) Number of children born to
mother, including present birth 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Clara Jeffers Watts

(15) PRESENT
POSTOFFICE
OF MOTHER Andrews S.C.

(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 37
(Year)

(18) BIRTHPLACE
Georgetown Cong. S.C.

(19) OCCUPATION
Domestic

(20) Number of children of this mother
now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature) O. E. Hamme

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife
Andrews S.C.

Given name added from a supplement-
tal report

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

(26) Filed Mar 15 1923 (27) Local Registrar
W. B. Bailey

*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.