

See also use of TWIN OR TRIPLET, use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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| (1) PLACE OF BIRTH County of <u>Allendale</u> Township of <u>11</u> or Inc. Town of <u>Allendale</u> or City of <u> </u> (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 2907 | |
| (2) Full Name of Child, <u>Benj. Joseph Hammet, Jr.</u> | | Registration District No. <u>4603</u> | | Registered No. <u>16</u> (For use of Local Registrar) | |
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u> </u> <small>to be answered only in case of Twins or Triplets</small> | (5) Number in order of birth <u> </u> | (6) Are Parents Married <u>Yes</u> | (7) DATE BIRTH <u>Feb 13 22</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Benj. Joseph Hammet</u> | | | (14) NAME BEFORE MARRIAGE <u>Nelson Hay</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Allendale S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Allendale S.C.</u> | | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) | | |
| (12) BIRTHPLACE <u>S.C.</u> | | | (18) BIRTHPLACE <u>S.C.</u> | | |
| (13) OCCUPATION <u>Dental Surgeon</u> | | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>One</u> | | | (21) Number of children of this mother now living including present birth <u>One</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was born <u>born alive</u> at <u>6:00 P.</u> on the date above stated. (Hour A. M. or P. M.) (23) (Signature) <u>J. C. Hammet, Jr.</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Allendale S.C.</u> | | | | | |
| Given name added from a supplemental report 191..... Registrar | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Feb 14 1922</u> (28) <u>F. H. Boyd, Jr.</u> 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.