

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of Dimmoussville

City of

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

(2) Full Name of Child Leas Hammond If child is not yet named, supplement report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH 10 10 1914 (Name of month) (Day) (Year)

FATHER.

(8) FULL NAME Chas. Wm Hammond

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

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE So. Ca.

(13) OCCUPATION Deputy Magistrate Court

(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE (Albester) Hudson

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

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE So. Ca.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Dimmoussville, S.C. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. R. Hunter M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dimmoussville, S.C.

Given name added from a supplemental report

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

(27) Filed May 11 1914 (28) W. C. Mann 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PREPARED FORM. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 3.

Mo. McCaw, of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
55889

Registration District No. 20.1.1 Registered No. 53
(For use of Local Registrar)

St.; Ward)

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