

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

S. Cav. of Columbia

# (1) PLACE OF BIRTH CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

County of Lesterfield, S.C.

Township of McClellan

or

Inc. Town of .....

City of .....

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

Registration District No. 1200

Registered No. 77

(For use of Local Registrar)

File No.—For State Registrar Only

89027

(2) Full Name of Child Charlie Hammond { If child is not yet named, make supplemental report as directed

|   |   |  |  |   |
|---|---|--|--|---|
| (3) BOY OR GIRL?<br><u>Boy</u>  | (4) Twin or Triplet?<br><u>1</u>                  | (5) Number in order of birth<br><u>1</u> | (6) Are Parents Married?<br><u>yes</u>   | (7) DATE OF BIRTH<br><u>Nov. 26, 1916</u><br>(Name of Month) (Day) (Year) |
| FATHER.   |   |  | MOTHER.  |   |
| (8) FULL NAME<br><u>David Hammond</u>   |   |  | (14) NAME BEFORE MARRIAGE<br><u>Charlie Hough</u>  |   |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>McClellan, S.C.</u>                      |   |  | (15) PRESENT POSTOFFICE OF MOTHER<br><u>McClellan, S.C.</u>                                |   |
| (10) COLOR OR RACE<br><u>Colored</u>  | (11) AGE AT LAST BIRTHDAY<br><u>24</u><br>(Years) | (16) COLOR OR RACE<br><u>Colored</u>     | (17) AGE AT LAST BIRTHDAY<br><u>22</u><br>(Years)  |   |
| (12) BIRTHPLACE<br><u>Lesterfield, S.C.</u>                                     |   |  | (18) BIRTHPLACE<br><u>Darlington, S.C.</u>   |   |
| (13) OCCUPATION<br><u>Seaman</u>  |   |  | (19) OCCUPATION<br><u>house work</u>   |   |
| (20) Number of children born to mother, including present birth<br><u>1 one</u> |   |  | (21) Number of children of this mother now living, including present birth<br><u>1 one</u> |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

M.B. Woodward, M.D.  
affid. 3/22/43

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife

McClellan

Given name added from a supplemental report

(26) Witness

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

(27) Filed

5/1/19

1916

(28)

J.M. Beatty

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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