

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 Inc. Town of.....
 City of.....

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

File No.—For State Registrar Only

2007A

Registration District No. 1.02 Registered No. 59
 (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 Nett Hammet If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Church Member Yes (7) DATE OF BIRTH Oct 3 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Robert Dawson
 (9) PRESENT RESIDENCE OF FATHER Abbeville S.C. H 719
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 4

MOTHER
 (14) NAME BEFORE MARRIAGE Ratie Childs
 (15) PRESENT RESIDENCE OF MOTHER Abbeville S.C. H 719
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 25
 (Year)
 (18) BIRTHPLACE S C
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2. P. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) Willy & Ann Childs
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(25) Witness P. E. Pressley
 (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Nov 1 1923 (27) P. E. Pressley
 Local Registrar

*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.

MARGIN RESERVED FOR BONDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN 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.