

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of

or City of Columbia S.C.

(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

No. for State Register
44108Registration District No. 38 Registered No.
(For use of Local Registrar)(2) Full Name of Child My Elizabeth Ham (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Type or Triple To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Capt. Ham(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Physician(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian B. Tinsley(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(22) (Signature) Capt. Ham M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

State HospitalColumbia S.C.

Given name added from a supplemental report

(25) Witness

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

19

Registrar

(27) Filed

19

(28)

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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