

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of  
or  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

44680

Registration District No. 11007

Registered No. 146  
(For use of Local Registrar)

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

(2) Full Name of Child

William Benjamin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

5

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 24 1905

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm Andrew Benj. Hamby

(9) PRESENT POSTOFFICE OF FATHER

Greer Rt #1 SC

(10) COLOR OF RACE

white

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Reidville SC

(13) OCCUPATION

Farmer

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

Five

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Idella Burns

(15) PRESENT POSTOFFICE OF MOTHER

Greer Rt #1 SC

(16) COLOR OF RACE

white

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Reidville SC

(19) OCCUPATION

Domestic

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

Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 30 on the date above stated.  
(Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature)

H. T. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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

191...

(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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WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
A. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER, No. 2, etc., in question 5.  
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