

1. PLACE OF BIRTH

County of Spertanburg
Township of Reidville

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

File No. — For State Registrar Only
44680

Inc. Town of Registration District No. 11007 Registered No. 146
(For use of Local Registrar)
City of (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. William Benjamin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth. 5 (6) Are Parents Married? Y (7) DATE OF BIRTH Dec 24 1925
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm Andrew Benj. Hamby
(9) PRESENT POSTOFFICE OF FATHER Green Rt#1 SC
(10) COLOR OR 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 Green Rt#1 SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Reidville SC
(19) OCCUPATION Domestic
(21) 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 or marked)
(27) Filed Jan 1926 (28) H. T. ... 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 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.
McGraw-Hill, Columbia.

WHICH 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.