

Form No. 2

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Midway  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

88396

Registration District No. 403 Registered No. 54  
 (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 Baby Hammond If child is not yet named, make supplemental report as directed

(3) ~~MALE~~ GIRL?  (4) Twin or Triplet?  To be answered only in event of Twins or Triplets  
 (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 15, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Daniel Hammond(9) PRESENT POSTOFFICE OF FATHER Bamberg(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 25(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Adell May(15) PRESENT POSTOFFICE OF MOTHER Bamberg(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Stokes(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midway

Given name added from a supplemental report

(26) Witness Jessie McMillan  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 20, 1916 (28) S. F. McMillan  
 Registrar 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark this FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCRAW OF COLUMBIA, COLUMBIA, S. C.