

Form No. 2

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Midway  
 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  
**88396**

Registration District No. 403

Registered No. 54  
 (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 Baby Hammon

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

(3) ~~BOY~~ GIRL? (4) Twin or Triplet? (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 Waniel Hammon(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 27(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) Emanuel Stokes

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Midway

Given name added from a supplemental report

(26) Witness Jessie M. Millan  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 20, 1916 (28) R. 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.