

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of Adams

Township of Hammond

OR

Inc. Town of

OR

City of

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

Registration District No. 104

Registered No. 9

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

| | | | | |
|--|---|---|---|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>-</u> To be answered only in case of Twin or Triplet | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 28 1923</u> (Name of Month) (Day) (Year) |
| (8) FATHER. | | (9) MOTHER. | | |
| (9) FULL NAME <u>R. E. Hume</u> | | (10) NAME BEFORE MARRIAGE <u>Ernestine Nelson</u> | | |
| (10) PRESENT POSTOFFICE OF FATHER <u>Riversideville S.C.</u> | | (11) PRESENT POSTOFFICE OF MOTHER <u>Riversideville S.C.</u> | | |
| (12) COLOR OR RACE <u>White</u> | (13) AGE AT LAST BIRTHDAY <u>34</u> (Year) | (14) COLOR OR RACE <u>White</u> | (15) AGE AT LAST BIRTHDAY <u>20</u> (Year) | |
| (16) BIRTHPLACE <u>Abbeville Co. S.C.</u> | | (17) BIRTHPLACE <u>Abbeville Co. S.C.</u> | | |
| (18) OCCUPATION <u>Farmer</u> | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>Two</u> | | (21) Number of children of this mother now living, including present birth <u>Two</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at ... 9 A.M. ... on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. S. Hump

(24) State whether Physician or Midwife Phys.

(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/29 1923 (28) J. M. O. Hume
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.