

(1) PLACE OF BIRTH

County of AdamsTownship of Longor
Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

73

Registration District No. 204Registered No. 3

(For use of Local Registrar)

(No. 1 St. 1 Ward)(2) Full Name of Child Billy Paul Hammett

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

(3) BOY OR GIRL <u>1</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Y</u>	(7) DATE OF BIRTH <u>1</u> <u>7</u> <u>19</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. E. Hammett(9) PRESENT POSTOFFICE OF FATHER Frankville S. C.(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 42
(Year)(12) BIRTHPLACE Pa.

(13) OCCUPATION

(14) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Bill Hendrix(15) PRESENT POSTOFFICE OF MOTHER Frankville S. C.(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 40
(Year)(18) BIRTHPLACE La.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 4 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Hammett

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 23 1923

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.

IF CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE FIFTH MONTH OF PREGNANCY.

THIS IS A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 1.