(1) PLACE OF BIRTH

County of Greenville

Township of ..... or Inc. Town of Duncan M. or City of Greenville S.C. (No. 65 Blake St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

For State Registrar Only
7713

Registration District No. 2209B Registered No. 82
(For use of Local Registrar)

(2) Full Name of Child Rose L. Virginia Hamby

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 16 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Andrew Alexander Hamby	(14) NAME BEFORE MARRIAGE	Sandra Taylor
(9) PRESENT POSTOFFICE OF FATHER	Greenville S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Greenville S.C.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	36
(12) BIRTHPLACE	Greenville S.C.	(18) BIRTHPLACE	Habersham Ga
(13) OCCUPATION	Mill laborer	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	7	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. H. Duke Greenville S.C.

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Mar. 1 1922 (28) Thos. Wagner
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.

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McCAW OF COLUMBIA, COLUMBIA, S. C.
W. H. — 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 5.