

No. 1.

(1) PLACE OF BIRTH

County of *Calhoun*Township of *Paw Paw*or
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

88635

Registration District No. *801* Registered No. *112*
(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 *Marian Manning Hammon* yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *5* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov 18 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *W. D. Hammon*(9) PRESENT POSTOFFICE OF FATHER *St Matthews*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *38*
(Years)(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Five*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ely a Carter*(15) PRESENT POSTOFFICE OF MOTHER *St Matthews*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *32*
(Years)(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Home wife*(21) Number of children of this mother now living, including present birth *Five*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6 P. M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. D. Hammon*

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

Given name added from a supplemental report

Mary 15 6.9.17
W. D. Hammon 1917
Registrar

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

(27) Filed *Dec 30* 1916 (28) *W. D. Hammon*
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.