

(1) PLACE OF BIRTH

County of Providence

Township of Wassonville

City of Wassonville

City of Wassonville

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

(2) Full Name of Child James Walter Hammond

If child is not yet named, make

(3) SEX Boy (4) AGE 2 (5) DATE OF BIRTH June 2, 1923 (6) TIME 9:30 (7) PLACE Home

FATHER

(8) NAME Walter Arthur Hammond

(9) RESIDENCE Williamston, S.C.

(10) COLOR White (11) HEIGHT 5' 3"

(12) BIRTHPLACE Williamston, S.C.

(13) OCCUPATION Farmer

(14) Number of children born to father, including present one 14

MOTHER

(15) NAME Alma McClellan

(16) RESIDENCE Williamston, S.C.

(17) COLOR White (18) HEIGHT 5' 0"

(19) BIRTHPLACE Williamston, S.C.

(20) OCCUPATION Housewife

(21) Number of children of this mother, including present one 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) A. R. Russell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Signed 2-13-23 (28) Jellam Russell

When there was no attending physician or midwife, then the father, householder, etc., should make the report 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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