

Form No. 1

(1) PLACE OF BIRTH

County of WachucaTownship of St. Martinor Inc. Town St. MartinCity of St. Martin

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8ANo. 3063 - For State Registrar Only

3063

Registered No. 7
(For use of Local Registrar)

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

(2) Full Name of Child George W. Hammond

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

(3) SEX OF CHILD Boy(4) Type of Child Normal(5) Number in order of birth 1(6) Age at birth yo(7) DATE OF BIRTH July 6, 1925

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME George W. Hammond(9) PRESENT POSTOFFICE OF FATHER St. Martin S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30

(Year)

(12) BIRTHPLACE South Carolina(13) OCCUPATION EducationPost-Graduate School(14) Number of address here to mother, including present birth 3

MOTHER

(15) NAME BEFORE MARRIAGE Susan J. Moore(16) PRESENT POSTOFFICE OF MOTHER St. Martin(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 36

(Year)

(19) BIRTHPLACE Virginia(20) OCCUPATION Housewife(21) Number of address of the mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at S.A. on the date above stated. (Sign alive or stillborn) Hour A. M. or P. M. 11(23) (Signature) H. G. Rayson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife St. Martin

Given under official stamp of registration and report

(26) Witness

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

(27) Filed July 11, 1925

(28)

When this certificate is filed, the birth of this child shall be recorded in the State Register of Births.