

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 38887

Township of

or

Inc. Town of

or

City of AndersonRegistration District No. 314Registered No. 38887
(For use of Local Registrar)

(2) Full Name of Child

Laurie Ann Hamlett

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

July 2, 1943
(Month of Year) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

HAMLETT

(8) FULL NAME

Laurie Ann Hamlett

(9) PRESENT POSTOFFICE OF FATHER

Home Path Sles

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23
(Year)

(12) BIRTHPLACE

Piedmont Sles

(13) OCCUPATION

Sec. Ingold, Mills

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Emma Ligon

(15) PRESENT POSTOFFICE OF MOTHER

Home Path Sles

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Year)

(18) BIRTHPLACE

Anderson Sles

(19) OCCUPATION

Home wife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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 23 is signed)

(27) Filed

19(28) ANDERSON Registrar

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.

(Date of)

Address Route 1, AndersonFiled AUG. 20 19 43 Kelly