

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

City of

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

24107

Registration District No. 1408

Registered No. 22  
(For use of Local Registrar)

## (2) Full Name of Child

Rush Hamer

If child is not named, make supplemental report directed

3 SEX OF CHILD

Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

2 3 1923

(Name of Month) (Year)

## FATHER.

(8) FULL NAME

Barland

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE

Alf Hamer

(15) PRESENT POSTOFFICE OF MOTHER

Cottagesville

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(21) 21

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Maudie Powell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cottagesville

Given name added from a supplemental report

(26) Witness

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

(27) filed 9-23-1923

(28) 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.