

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

1. PLACE OF BIRTH		(CERTIFICATE OF BIRTH)		FILE No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		139-22-051045	
Township of <u>Belton</u>		Bureau of Vital Statistics			
or Inc. Town of _____		State Board of Health			
City of _____		Registration District No. <u>300</u>		Registered No. _____	
(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 <u>Grady A. Hammond</u>		If child is not yet named, make supplemental report as directed.			
3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth _____	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Feb 2 1923</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
8. FULL NAME <u>John Henry Hammond</u>			14. NAME BEFORE MARRIAGE <u>Jessie Lee</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Belton # 5-</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Belton # 5-</u>		
10. COLOR OR RACE <u>white</u>		11. AGE AT LAST BIRTHDAY <u>32</u> (Years)		16. COLOR OR RACE <u>white</u>	
12. BIRTHPLACE <u>Williamston, S.C.</u>		17. AGE AT LAST BIRTHDAY <u>31</u> (Years)		18. BIRTHPLACE <u>Williamston, S.C.</u>	
13. OCCUPATION <u>Farming</u>			19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
22. I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>2a</u> M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
23. Signature <u>A. K. Ruyton M.D.</u>			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 by mark)		
_____, 19____ Registrar			27. Filed <u>12 10 1923</u> 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.

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