

Form No. 3

1. PLACE OF BIRTH

County of Anderson
 Township of Belton
 or
 Inc. Town of _____
 or
 City of _____

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

Registration District No. 300 Registered No. _____
 (For use of Local Registrar)

FILE No.—For State Registrar Only

139-22-051045

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

2. Full Name of Child Grady A. Hammond { 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? yes 7. DATE OF BIRTH Feb 2 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

8. FULL NAME John Henry Hammond
 9. PRESENT POSTOFFICE OF FATHER Belton # 5-
 10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 52 (Years)
 12. BIRTHPLACE Williamston, S.C.
 13. OCCUPATION Farmhand
 20. Number of children born to mother, including present birth 1

MOTHER

14. NAME BEFORE MARRIAGE Jessie Lee
 15. PRESENT POSTOFFICE OF MOTHER Belton # 5-
 16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 41 (Years)
 18. BIRTHPLACE Williamston, S.C.
 19. OCCUPATION Housewife
 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 alive at 20 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature A. K. Guyton

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)

27. Filed 12 10 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.

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.

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