

## (1) PLACE OF BIRTH

County of Adams  
 Township of Hamlet  
 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. 1602 Registered No. 30042  
 (For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Female (7) DATE OF BIRTH Dec 29, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME James H. H. H.  
 (9) PRESENT POSTOFFICE OF FATHER Hamlet, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)  
 (12) BIRTHPLACE Hamlet, S.C.  
 (13) OCCUPATION Farmer

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE James H. H. H.  
 (15) PRESENT POSTOFFICE OF MOTHER Hamlet, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)  
 (18) BIRTHPLACE Hamlet, S.C.  
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 (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 or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) James H. H. H. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hamlet, S.C.

Given name added from a supplemental report .....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 10, 1923 (28) James H. H. H. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.