

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 or
 Inc. Town 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

3491

Registration District No. 3.09 Registered No. 7
 (For use of Local Registrar)

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

(2) Full Name of Child Nancy Hammett (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 27 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos Hammett

(9) PRESENT POSTOFFICE OF FATHER Davis Sta SC

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 44
 (Year)

(12) BIRTHPLACE Clarendon

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2-

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Hammett

(15) PRESENT POSTOFFICE OF MOTHER Davis Sta SC

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 44
 (Year)

(18) BIRTHPLACE Clarendon

(19) OCCUPATION Home Field

(20) Number of children of this mother now living, including present birth 3-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Nancy Davis

(24) State whether Physician or Midwife Midwife (25) Address of Physi- Davis Sta SC

Given name added from a supplemental report

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

(27) File Mar 6 23 (28) H. C. Richburg 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.