

THIS IS A PERMANENT RECORD.  
 WHEN FATHER OR MOTHER 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

County of Lexington

Township of .....

or

Inc. Town of .....

or

City of .....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23067

Registration District No. 31.19 Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Walter Murray Hammon child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 24 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Scott Hammon

(9) PRESENT POSTOFFICE OF FATHER Lexington St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Lex Co

(13) OCCUPATION Min operation

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Hammon

(15) PRESENT POSTOFFICE OF MOTHER Lexington St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Lex Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. A. Nuthias

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Lexington

Given name added from a supplemental report

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

(27) Filed May 11 1922 (28) Mrs. C. E. Taylor 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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