

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 2.

State of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of Grove

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

43068

Registration District No. 2210

Registered No. 64

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child Ella Elizabeth Hammond

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 3

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Hammond

(9) PRESENT POSTOFFICE OF FATHER Piedmont #3

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Elsie Patterson

(15) PRESENT POSTOFFICE OF MOTHER Piedmont

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive, at 1022 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Brown

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Midwife Piedmont

(26) Witness William Hammond

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

(27) Filed Dec 11 1915 (28) S. A. Mims

Registrar

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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