

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 H. 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.
 S. Cav. of Columbia.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Greene

File No.—For State Registrar Only
43068

Inc. Town of Registration District No. 2710 Registered No. 64
 (For use of Local Registrar)
 City of (No. St.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ella Elizabeth Hammon 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 3 1935
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Hammon

(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 Hammer

(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 10:22 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

Given name added from a supplemental report
 101.....
 Registrar

(26) Witness William Hammon
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 11 1935 (28) S. A. Mims 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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