

(1) PLACE OF BIRTH  
County of Chesterfield  
Township of .....  
or  
Inc. Town of .....  
City of Chester (No. ....)  
(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

768

Registration District No. 12A Registered No. 2  
(For use of Local Registrar)

(2) Full Name of Child Fred. Alexander Hammond If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 4 1922  
(Care of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Robert Hammond.  
(9) PRESENT POSTOFFICE OF FATHER Chester.  
(10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Stedfield, S. C.  
(13) OCCUPATION Busk Mason  
(20) Number of children born to mother, including present birth 1

**MOTHER**

(14) NAME BEFORE MARRIAGE Annslip Lindsay  
(15) PRESENT POSTOFFICE OF MOTHER Chester, S. C.  
(16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE Stedfield, S. C.  
(19) OCCUPATION General House keeping.  
(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a M. on the date above stated.  
(Born alive Yes (Mark A. M. or P. M.)

(23) (Signature) Midwife L. E. Buie  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 4/10 1922 (28) L. E. Buie 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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