

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

18243

Registration District No. 307 Registered No. 29
 (For use of Local Registrar)

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

(2) Full Name of Child Eliza 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 June 24, 1922
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Richard Hammett (14) NAME BEFORE MARRIAGE Hattie Hammett

(9) PRESENT POSTOFFICE OF FATHER Davis Stucc (15) PRESENT POSTOFFICE OF MOTHER Davis Stucc

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 46 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE Clarendon Co (18) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer (19) OCCUPATION Home Friend

(20) Number of children born to mother, including present birth 9 (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 born 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gertrude Lemmon (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis Stucc

Given name added from a supplemental report

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

(27) File June 20, 1922 (28) F. E. Pishley 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.