

Form No 1.

(1) PLACE OF BIRTH

County of DillonTownship of HickmanInc. Town of Pages MillsCity of Pages Mills

(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

51951

Registration District No. 1603 Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child Josephine Hamer { If child is not yet named, make supplemental report as directed(3) Sex (4) Twins or triplet? (5) Number in order of birth (6) Single or married? (7) DATE OF BIRTH March 5 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Carlos Hamer(9) PRESENT POSTOFFICE OF FATHER Pages Mills S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Dillon County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Victor Jack(15) PRESENT POSTOFFICE OF MOTHER Pages Mills S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Roberson Co. N.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born, at 3:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. S. -(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pages Mills S.C.

Given name added from a supplemental report

....., 1916

..... Registrar

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

(27) FILED MAR. 15. 1916 (28) D. J. Pile 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.

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 5.
McGraw, of Columbia.