

(1) PLACE OF BIRTH

County of

Township of

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

42593

Registration District No. 22A

Registered No. 659

(For use of Local Registrar)

(2) Full Name of Child

Maudie Hammond

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

Take answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH 12-30-22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Homer Hammond

(9) PRESENT POSTOFFICE OF FATHER

E Broad St

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Camp down hill

MOTHER

(14) NAME BEFORE MARRIAGE

Susan Hammond

(15) PRESENT POSTOFFICE OF MOTHER

E Broad St

(16) COLOR OR RACE

Cauc

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

3

(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 H. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 mark)

(27) Filed

Jan 8, 1923

(28)

C. E. Smith

Local Registrar

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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