

No. 3

PLACE OF BIRTH

City of

Township of

or

Town of

or

of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3593

Registration District No. 13.09

Registered No. 3

(For use of Local Registrar)

(No. St.; Ward)

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

Full Name of Child

Theo. Hammer

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

BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 3, 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

Lush Hammer

PRESENT POSTOFFICE OF FATHER

Lanier

COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY 29
(Years)

BIRTHPLACE

SC

OCCUPATION

Farmer

Number of children born to father, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Dickson

(15) PRESENT POSTOFFICE OF MOTHER

Lanier

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.at 5:24 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Milly Cooper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lanier SC

Name added from a supplemental report

(26) Witness

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

(27) Filed Feb 23, 1923

(28) 12

Local Registrar

If 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.