

(1) PLACE OF BIRTH

County of Spartanburg
 Township of N. Brook
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

10271

Registration District No. 4010Registered No. 24
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child DA HAMMER

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

3. BOY OR GIRL B-

(4) Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married yes

(7) DATE OF BIRTH

March 23
 (Name of Month) (Day) (Year)

FATHER.

9. FULL NAME

Mon Lipscomb

10. PRESENT POSTOFFICE OF FATHER

Monroe SC 2211. COLOR OR RACE B

(11) AGE AT LAST BIRTHDAY

26
 (Year)

12. BIRTHPLACE

SC

13. OCCUPATION

Farmer

14. Number of children born to mother, including present birth

14

MOTHER.

(14) NAME BEFORE MARRIAGE

Annet Dooft

(15) PRESENT POSTOFFICE OF MOTHER

Monroe SC 22(16) COLOR OR RACE B

(17) AGE AT LAST BIRTHDAY

27
 (Year)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2:40 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Monroe SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 12, 1923 (28) J. W. Fatchett
 Local Registrar

19 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.