

(1) PLACE OF BIRTH

County of Richland
 Township of St. Stephens
 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
5100

Registration District No. 3800 Registered No. 18
 (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 John Hamon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Feb 21, 23
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>John Hamon</u>	(14) NAME BEFORE MARRIAGE <u>Ednie Wager</u>	(9) PRESENT POST OFFICE OF FATHER <u>College Place</u>	(15) PRESENT POST OFFICE OF MOTHER <u>College Place</u>
(10) COLOR OR RACE <u>Cre</u>	(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Richland</u>	(18) BIRTHPLACE <u>Richland</u>	(13) OCCUPATION <u>Wage hand</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Henderson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife College Place

Given name added from a supplemental report

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

(27) Filed Feb 25, 23 (28) W. M. Ham Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.