

PLACE OF BIRTH

City of ColletonCounty of Green Pond

In town of _____

or _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number) If child is not yet named, make supplemental report as directed.

FULL NAME OF CHILD Marguerite Matilda Hamilton

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

20648-A

Registered No. _____

(For use of Local Registrar)

(No. Green Pond, S.C., 20)

Ward _____

Sex of Child
GirlM. Signs
marks

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____

Full term _____

7. Legitimate _____

marriage _____

8. Date of July 2nd, 1935

(Month, day, year)

10. Full maiden name

FATHER
Billie Hamilton

10. Full maiden name

MOTHER
Lissie Cunningham11. Residence (usual place of abode) Deceased

(If nonresident, give place and State)

11. Residence (usual place of abode) Green Pond, S.C.

(If nonresident, give place and State)

12. Age at last birthday Col.

12. Age at last birthday _____ (Years)

12. Age at last birthday Col.

12. Age at last birthday _____ (Years)

13. Birthplace (city or place)

(State or country)

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(State or country)

South Carolina

14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

19

17. Total time (years) spent in this work

OCCUPATION

22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

24. Date (month and year) last engaged in this work

DomesticIn service.

25. Total time (years) spent in this work

19

18. Number of children of this mother

(At time of this birth and including this child) 7(a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

19. If stillborn, period of gestation _____

{ months weeks

20. Cause of stillbirth _____

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or, should make this return.

Was name added from supplemental report _____

(Date of)

(Signed) _____

or Manda Ladson

M. D.

Midwife

Address Green Pond, S.C.Filed Sept. 25, 1935

Register

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