

## (1) PLACE OF BIRTH

County of Sullivan  
 Township of \_\_\_\_\_  
 or Town of Sullivan  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 16-A

File No.—For State Registrar Only

7313

Registered No. 18  
 (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.)  
 (2) Full Name of Child Lilly Hamilton Jr. 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) Age Parents Married? Yrs (7) DATE OF BIRTH 1/15/22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lilly Hamilton  
 (9) PRESENT POSTOFFICE OF FATHER Sullivan S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Sullivan Co. S.C.  
 (13) OCCUPATION Hdw. Salesman  
 (20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth M. Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Sullivan S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Cumberland Co. N.C.  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:45 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. R. Fisher M.D.

(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 March 20, 1922 (28) B. P. Williams Local 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.