

(1) PLACE OF BIRTH

County of Sullow

Township of \_\_\_\_\_

or Inc. Town of Sullow

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 Elly Hamilton Jr.

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1/15/22</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Elly Hamilton

(9) PRESENT POSTOFFICE OF FATHER Wilton S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE Wilton S.C.

(13) OCCUPATION Adv. Salesman

(20) Number of children born to mother, including present birth one

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ruth Moore

(15) PRESENT POSTOFFICE OF MOTHER Wilton 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 11:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. R. Tucker 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)  
March 20 1922  
(27) Filed 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.

Form No. 1—The Great Seal of the State of South Carolina is hereby authorized to be used on this certificate. No. 2. THIS FORM IS PRINTED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C.