

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Hamletor
Inc. Town of Hamletor
City of Hamlet

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

9446

Registration District No. 721 Registered No. 21

(For use of Local Registrar)

(No. 21 St. 1021 Ward)(2) Full Name of Child Robert Lee

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Jan 15</u> 19 <u>28</u> (State of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wm. H. Hamilton

(9) PRESENT POSTOFFICE OF FATHER Hamlet, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Hamlet, S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Marlene Hamilton

(15) PRESENT POSTOFFICE OF MOTHER Hamlet, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Hamlet, S.C.

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Samuel Davis

(24) Sign whether Physician or Midwife

(25) Address of Physician or Midwife Hamlet, S.C.

Given name added from a supplemental report

(26) Witness Samuel Davis

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

(27) Filed May 11 1928 (28) R. S. Harrison 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.