

## (1) PLACE OF BIRTH

County of Charleston S.C.  
 Township of Charleston S.C.

Inc. Town of Charleston S.C.  
 City of Charleston S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

10287 575

Registration District No. 0-1

Registered No. ....  
 (For use of Local Registrar)

(No. 22 Wells 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 Mary Hamilton

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

(3) SEX  
 GIRL

(4) Twin  
1st born

(5) Number in  
 order of birth 1

(6) Are  
 Parents Married? yes

(7) DATE OF  
 BIRTH April 26, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest Hamilton

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

(10) COLOR OR RACE Caled (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Punter

(20) Number of children born to mother, including present birth 2 children

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Bell

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Caled (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 1 living

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Sarah Blanton

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 33 Chestnut St

Given name added from a supplemental report

Miss P. Lescane Ch. Lescane  
6/29/40 19 40  
 Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 5/1 22

(28) Massachusetts

\*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.