

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of

or

City of Rock Hill

(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

Registration District No. 4410

File No.—For State Registrar Only

6092

Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child

Miriam Calvert Hamilton

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

16 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Frank H. Hamilton

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

York Co. S.C.

(13) OCCUPATION

Fireman

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

15

MOTHER

(14) NAME BEFORE MARRIAGE

Rebecca P. Pinnell

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

York Co. S.C.

(19) OCCUPATION

Domestic

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

11 AM
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. T. Pinnell

(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

11/4/22

(28)

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.