

(1) PLACE OF BIRTH

County of Washington  
Township of Lincolnton  
OF  
Inc. Town of .....  
OF  
(City of .....)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**14967**

Registration District No. 8107

Registered No. 94  
(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

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

1. BOY OR GIRL? Boy (4) Twin or Triplet? ..... (6) Number in order of birth ..... (8) Are Parents Married? Yes (7) DATE OF BIRTH Feb 17, 1923  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

2. FULL NAME Frank Hamilton (14) NAME BEFORE MARRIAGE John Barr

9. PRESENT POSTOFFICE OF FATHER Lexington (15) PRESENT POSTOFFICE OF MOTHER Lexington

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26

12. BIRTHPLACE Ill (18) BIRTHPLACE Ill

13. OCCUPATION Farmer (19) OCCUPATION Farmer

20. Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) Local Registrar [Signature]

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.

FILED MONTH OF PREGNANCY

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.