

(1) PLACE OF BIRTH

County of Hamilton

Township of WIN

Inc. Town of

or

City of

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

(2) Full Name of Child

File No. — For State Registrar Only
52543

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2400 Registered No. 40

(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH March 30 1964
(Name of Month) (Day) (Year)

To be answered only in case of twins or triplets

FATHER.

18) FULL NAME *James James*

(9) PRESENT POSTOFFICE OF FATHER *Estlin*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12)	BIRTHPLACE	
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(13) OCCUPATION *7*

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

MOTELER

(14) NAME BEFORE MARRIAGE *Beatrice Gordon*

(15) PRESENT POSTOFFICE OF MOTHER *Estill S.C.*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)

(15) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *[Handwritten Signature]*

(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 28 is signed by mark) f

(27) Filed Apr 10 1916 (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.

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