

(1) PLACE OF BIRTH

County of RichlandTownship of Gola S.C.or  
Inc. Town of .....

City of .....

(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

16445

Registration District No. 38Registered No. 1953

(For use of Local Registrar)

2) Full Name of Child Charley Hamilton, Jr.

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1  
to be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH May 10 1923  
(Name of Month) (Day)

## FATHER.

(8) FULL NAME Charley Hamilton(9) PRESENT POSTOFFICE OF FATHER Rx4 Gola S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE St. Matthews S.C.(13) OCCUPATION Public works(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Bettie Brown(15) PRESENT POSTOFFICE OF MOTHER Rx4 Gola S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Rx4 Gola S.C.(19) OCCUPATION House work(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 alive, at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel Wright

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Rx4 Gola S.C.

Given name added from a supplemental report

(26) Witness J. Hall  
(Signature of Witness necessary only when question 22 is signed by mother)(27) Filed 5/10 1923 (28) R. E. G. G.  
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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MAILED MAY 10 1923  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
NEW, of Columbia.