

Form No. 1

## (1) PLACE OF BIRTH

County of BartholomewTownship of ProsperInc. Town of ChesapeakeCity of B. P.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For this birth only

16765

Registration District No. 147 Registered No. 15

(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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 28 1923</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Harry Hamilton</u>			(14) NAME BEFORE MARRIAGE <u>Paula Elizabeth</u>	
(9) PRESENT POST OFFICE OF FATHER <u>Bartholomew</u>			(15) PRESENT POST OFFICE OF MOTHER <u>Bartholomew</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>NC</u>		(17) BIRTHPLACE <u>NC</u>		
(13) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>4</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... 8.9. M. ...  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Paula Elizabeth

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

Bartholomew

Given name added from a supplemental report

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

(27) Filed 7/16/23 (28) Paula Elizabeth 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.