

PLACE OF BIRTH

County of

Township of

or
In Town of

City of Charleston

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

(1) Full Name of Child Argentine M. H. Hamilton

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

(2) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 17 1907
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Argentine M. H. Hamilton

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Bank President

(14) Number of children born to father, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Levin Sitter

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Mr. R. Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Charleston, S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7-1-1907 Jan. Copes 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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File No. - For State Registrar Only
19070

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

Registration District No. 40-2 Registered No. 251
(For use of Local Registrar)

(No. 251 of W. Hamilton St.; 3 Ward)