

(1) PLACE OF BIRTH

County of Charleston
Township of S.C.or Inc. Town of Charleston
or City of Charleston
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE*
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41325

Registration District No. 9A Registered No. 1984

(For use of Local Registrar)

2) Full Name of Child Baby Eugene Hamilton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? To be answered only in event of twins or triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 9 9th 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Eugene Hamilton</u>			(14) NAME BEFORE MARRIAGE <u>Eloise Summione</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Johns Island S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>180 Coming St.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Johns Island S.C.</u>			(18) BIRTHPLACE <u>Johns Island S.C.</u>	
(13) OCCUPATION <u>Laborer - R.R.</u>			(19) OCCUPATION <u>Nurse</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:10 P.M. on the date above stated. (Hour) (M or P.M.)

(23) (Signature) Thos. H. Leonard, M.D.

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

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. Mercer Green

(27) Filed 12/11/22 (28) 191 Local Registrar

*When there was no attending physician or midwife, then the father, household head, 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.