

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Barnes
Township of 2nd
or
Inc. Town of.....
or
City of.....

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

No. 31884

Registration District No. 1703 Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Emper Hamilton If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Infant Normal (5) Number in order of birth 1 (6) Age of Mother 23 (7) DATE OF BIRTH Nov. 13, 1923

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Hamilton</u>	(14) NAME BEFORE MARRIAGE <u>John Hamilton</u>	(9) PRESENT RESIDENCE OF FATHER <u>...</u>	(15) PRESENT RESIDENCE OF MOTHER <u>...</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>16</u>		(18) BIRTHPLACE <u>16</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>...</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 OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(23) (Signature) ...
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

Given name copied from a supplemental report
(26) Witness ...
(27) Filed Nov. 24, 1923 (28) A. M. ...

When there was no attending physician or midwife, then the father, householder, or ...
If a child breathes even once, it must not be reported as stillborn. No report is ...
before the fifth month of pregnancy.