

(1) PLACE OF BIRTH

County of CalhounTownship of Braxtonor
Inc. Town of

City of

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

(2) Full Name of Child Ethel Hamilton

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

(3) SEX <u>Girl</u>	(4) Type or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>10</u>	(6) Age in years <u>7 1/2</u>	(7) DATE OF BIRTH <u>June 13, 1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jacob Hamilton

(9) PRESENT POST OFFICE OF FATHER Eschard S.C.

(10) COLOR OR RACE MC

(11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Bulah Gings

(15) PRESENT POST OFFICE OF MOTHER Eschard S.C.

(16) COLOR OR RACE MC

(17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Laborer on Farm

(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary F. F. F.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Eschard S.C.

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)

(27) Filed June 28, 1923 (28) W. D. Kinard
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.