

11.—In case of AVANS OR THEREITS use a SEPARATE DIANIC FOR CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

County of Charleston

Township of *St. Phillips*

Inc. Town of.....
or

City of (No. 3- Mile

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

(2) Full Name of Child Stephia Hamilton

File No.—For State Registrar Only
88858

Registered No. 163
(For use of Local Registrar)

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

(3) BOY OR GIRL?

(4) Twin
or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH Dec. 6 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:15 M.
on the date above stated. 29 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only)

(27) Filed Dec. 20, 1966

(28)..... 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.