

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 5.

(1) PLACE OF BIRTH

County of Greenwood
 Township of Walnut Grove
 OR
 Inc. Town of
 OR
 City of Waukeens
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
18964

Registration District No. 22714 Registered No. 5-4
 (For use of Local Registrar)

(2) Full Name of Child Walter Franklin Hamilton

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

(3) BOY OR GIRL boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets
 (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 29 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Hamilton

(9) PRESENT POSTOFFICE OF FATHER Waukeens SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION Cotton mill

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Lowery

(15) PRESENT POSTOFFICE OF MOTHER Waukeens

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

(18) BIRTHPLACE Rock SC

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waukeens

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 22 1896 (28) [Signature] 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.