

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of Irbyor
City of

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

(2) Full Name of Child Magie May Hamilton

File No.—For State Registrar Only

4501

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 23/2 Registered No. 10
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Norman Hamilton(9) PRESENT POSTOFFICE OF FATHER Irby SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE James Boyer(15) PRESENT POSTOFFICE OF MOTHER Irby SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Melinda Scott(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Irby SC

Given name added from a supplemental report

(26) Witness J. J. Thompson
(Signature of Witness necessary only when question 23 is signed by parent)(27) Filed Feb 27 1922(28) J. J. Thompson 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.