

## (1) PLACE OF BIRTH

County of Charleston S.C.Township of Charleston S.C.In Town of Charleston S.C.City of Charleston S.C.

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

Registration District No. 9 A

File No.—For State Registrar Only

10286

Registered No. 571

(For use of Local Registrar)

Ward) St.(2) Full Name of Child Drathy Hamilton

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

(3) MALE  
GIRL(4) Twin Turn

To be answered only in case of Twin or Triplets

(5) Number in order of birth 8(6) Are Parents Married yes(7) DATE OF BIRTH April 26 1922

(State of Month) (Day) (Year)

## FATHER

(8) FULL NAME Ernest Hamilton(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Painter

## MOTHER

(14) NAME BEFORE MARRIAGE Agnes Bell(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION House work(20) Number of children born to mother, including present birth 12 children(21) Number of children of this mother now living, including present birth 1 child

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(23) (Signature) Sarah B. Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 35 Chestnut

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only)

(Signature 22 is signed by mark)

(27) State

(28) to

(29) Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.