

(1) PLACE OF BIRTH

County of Charleston S.C.  
Township of Charleston S.C.  
City of Charleston S.C.  
No. 220 West 1st St.

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

10286

Registration District No. 9 A

Registered No. 571

(For use of Local Registrar)

Ward) \_\_\_\_\_

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

(2) Full Name of Child Drathy Hamilton

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

(3) ~~Sex~~ GIRL (4) Twin Turns (5) Number in order of birth 8 (6) Are Parents Married yes (7) DATE OF BIRTH April 26 1922  
To be answered only in case of Twins or Triplets (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  
(14) Number of children born to mother, including present birth 12 Children

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  
(21) Number of children of this mother now living, including present birth 7 Children

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 mid wife (25) Address of Physician or Midwife 35 Chestnut

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only) [Signature]  
(27) Local Registrar [Signature]

When there was no attending physician or midwife, this (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.

RECEIVED BY REGISTER: \_\_\_\_\_