

(1) PLACE OF BIRTH

County of Pickens

Township of .....

Inc. Town of .....

City of Easley

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

(2) Full Name of Child Clare Hamilton

File No. — For State Registrar Only

16327

Registered No. 11  
(For use of Local Registrar)

(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 May 24 1922  
(Name of Month) (Day) (Year)

FATHER.

MOTHER

(8) FULL NAME Johnson C. Sims

(14) NAME BEFORE MARRIAGE Essie Hamilton

(9) PRESENT POSTOFFICE OF FATHER Easley

(15) PRESENT POSTOFFICE OF MOTHER Easley

(10) COLOR White (11) AGE AT LAST BIRTHDAY 36  
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Bookkeeper

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(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 Alive at 5 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Boer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Easley

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 1 1922 (28) E. H. Hyatt 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.

Before the fifth month of pregnancy.