

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Stableburg  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**32516**

Registration District No. 4609 Registered No. 52  
 (For use of Local Registrar)

(City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mamie Hamilton 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 Sept 26, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME George Hamilton  
 9) PRESENT POSTOFFICE OF FATHER Horatio S.C.  
 10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 28 (Year)  
 12) BIRTHPLACE Sumter Co  
 13) OCCUPATION farmer  
 20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Emma Haynesworth  
 15) PRESENT POSTOFFICE OF MOTHER Horatio S.C.  
 16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 21 (Year)  
 18) BIRTHPLACE Sumter Co  
 19) OCCUPATION farm laborer  
 21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Felix Howard(24) State whether Physician or Midwife midwife Address of Physician or Midwife Palmetto S.C.

Given name added from a supplemental report

(26) Witness Bessie Marion Sanders  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 29, 1922 (28) Bessie Sanders 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.

MARGIN RESERVED FOR BINDING.  
 WHITE 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.