

## (1) PLACE OF BIRTH

County of Rockledge  
 Township of 1st District  
 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  
**19992**

Registration District No. 702 Registered No. ??  
 (For use of Local Registrar)

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

(2) Full Name of Child Smith Hamilton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL..... (4) Twin or Triplet?..... (5) Number in order of birth 1st (6) Age Previous Marriage?..... (7) DATE OF BIRTH July 4 1923  
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Self Hamilton</u>	(10) NAME BEFORE MARRIAGE <u>Learned Hamilton</u>		(10) NAME BEFORE MARRIAGE <u>Learned Hamilton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Goodsville</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Goodsville</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Goodsville</u>		
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>22</u> (Years)		(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(14) BIRTHPLACE <u>Brooklyn Co</u>	(15) BIRTHPLACE <u>Goodsville A.C.</u>		(14) BIRTHPLACE <u>Goodsville A.C.</u>		
(16) OCCUPATION <u>Latrod</u>	(17) OCCUPATION <u>House Wife</u>		(16) OCCUPATION <u>House Wife</u>		
(18) Number of children born to mother, including present birth <u>1st</u>	(19) Number of children of this mother now living, including present birth <u>1st</u>		(18) Number of children born to mother, including present birth <u>1st</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was July 4 1923 at G. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Mary H. H. H. (22) Address of Physician or Midwife Goodsville A.C.  
 (23) State whether Physician or Midwife

Given name added from a supplemental report

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

(25) Filed 7/12 1923 (26) L. L. Cannon Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.