

(1) PLACE OF BIRTH

County of PickensTownship of Easleyor
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

36078

Registration District No. 3702 Registered No. 80

(For use of Local Registrar)

St. Ward

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

Child is not yet named, make supplemental report as directed

(2) Full Name of Child Clarence Briggs Hamilton

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 25</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER

(3) FULL NAME Norman S Hamilton(9) PRESENT POSTOFFICE OF FATHER Easley S C R# 4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Pickens Co(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Mary Wooley(15) PRESENT POSTOFFICE OF MOTHER Easley S C R# 4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION housekeeper(20) Number of children born to mother, including present birth { seven }(21) Number of children of this mother now living, including present birth { seven }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A.M. on the date above stated. (Hour of birth) (Hour A. M. or P. M.)(23) (Signature) J. D. Hamilton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Easley S C R# 3

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 11, 1922 (28) J. 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.

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