

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

4667

Registration District No. 7

Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child

William Hamilton

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

3. SEX OF CHILD

Male

(4) Twin or Triplet

-

(5) Number in order of birth

-

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Jan 17, 23

(Month) (Day) (Year)

FATHER

(8) FULL NAME

J. Gary Hamilton

(9) PRESENT POSTOFFICE OF FATHER

Whitmore, SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Anderson, SC

(13) OCCUPATION

Cotton Mill Operator

(14) NAME BEFORE MARRIAGE

Ruby Carley

(15) PRESENT POSTOFFICE OF MOTHER

Whitmore, SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Edgefield, SC

(19) OCCUPATION

Domestic

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

1

3

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

1

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

Living

at 3 A.M.

(23) (Signature)

(24) State

(25) Address of Physician or Midwife

Whitmore, SC

(26) Address of Physician or Midwife

Whitmore, SC

(27) Given name added from a supplemental report

(28) Witness

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

(29) Date

Mar 10, 23

(30) Local Registrar

P. M. Duckett

*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.