

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Cornickus  
 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

39918

Registration District No. 1601 Registered No. ....  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? C (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 14 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Barto Hamilton</u>	(14) NAME BEFORE MARRIAGE	<u>Blouie Townsend</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Hunter St.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Hunter St.</u>
(10) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>Col</u>
(11) AGE AT LAST BIRTHDAY	<u>about 25</u>	(17) AGE AT LAST BIRTHDAY	<u>19</u>
(12) BIRTHPLACE	<u>Dillon Co</u>	(18) BIRTHPLACE	<u>Dillon Co</u>
(13) OCCUPATION	<u>Lin County Jail</u>	(19) OCCUPATION	<u>farm work</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Townsend R 22 No.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. H. Williams

(27) Filed 12/15 23 (28) W. H. Williams 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.