

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41101

(1) PLACE OF BIRTH

County of Berkley
Township of St. Stephens
or
Inc. Town ofRegistration District No. 704 Registered No. 103
(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 Jullous Hamilton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep 19 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abel Hamilton(9) PRESENT POSTOFFICE OF FATHER Alvin(10) COLOR OR RACE Colard (11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE Berkley(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie White(15) PRESENT POSTOFFICE OF MOTHER Alvin(16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Berkley(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth 9

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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Luley Moultrie (24) State whether Physician or Midwife (25) Address of Physician or Midwife(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 28 19 22 (28) J. J. Querry 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 stillbirth before the fifth month of pregnancy.