

## (1) PLACE OF BIRTH

County of Dillon

Township of .....

City of Dillon

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 16

File No. - For State Registrar Only

31915

Registered No. 47  
(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 Clarence F. Hamilton

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

(3) SEX OR GENDER <u>boy</u>	(4) Type of Twin <u>yes</u>	(5) Number in order of birth <u>1</u>	(6) Are parents married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 6, 1923</u>
To be answered only in event of Twin or Triplet				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Hamilton(9) PRESENT POSTOFFICE OF FATHER Dillon, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Dillon, S.C.(13) OCCUPATION Mechanic

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Anderson(15) PRESENT POSTOFFICE OF MOTHER Dillon, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Conway, S.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 a.m. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) W. J. Salley, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dillon S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed to mark)

(27) Filed Oct 16, 1923 (28) B. J. Williams 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.

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.