

(1) PLACE OF BIRTH

County of EdgefieldTownship of Pickers

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

18442

Registration District No. 1808 Registered No. 73
(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 Ida Cooper Hamilton If child is not yet named, make supplemental report as directed

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 25, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ida Cooper Hamilton
R.F.D.

(9) PRESENT POSTOFFICE OF FATHER

Edgefield, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Edgefield, S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruby Briggs Watson
R.F.D.

(15) PRESENT POSTOFFICE OF MOTHER

Edgefield, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31
(Years)

(18) BIRTHPLACE

Edgefield

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane B. Edwards

(24) State whether Physician or Midwife

(25) Address of Physi. or Midwife

Edgefield, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/13/1932

(28)

Ida Cooper Hamilton
Local Registrar.

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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.