(1) PLACE OF BIRTH

County of Dorchester

Township or Inc. Town or City of Summerville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17449

Registration District No. 17A Registered No. 31
(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 Helen

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

(3) BOY OR GIRL: Girl.
(4) Twin or Triplet?
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 15 1923 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Hugh Hamilton	(14) NAME BEFORE MARRIAGE Helen Matheny
(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Hampton S.C.	(18) BIRTHPLACE Florence S.C.
(13) OCCUPATION Supply Clerk.	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6.20 P.M. (Born alive or stillborn) (Hour—A.M. or P.M.) on the date above stated.

(23) (Signature) [illegible]
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed [illegible] 1923 ....19 .... (28) ED. P. LAWTON, 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH GIRL and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

Bureau of Columbia, S. C.