

(1) PLACE OF BIRTH

County of LeahingtonTownship of C. S. Greer

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Shudo Hamton

File No.—For State Registrar Only

39267

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 31.03 Registered No. 123

(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR

boy

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

Nov 6 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

Frank Hamton

(9) PRESENT

POSTOFFICE

Brooklands

(10) COLOR

OR

Black

(11) AGE AT LAST

BIRTHDAY

41

(12) BIRTHPLACE

Leesville Se

(13) OCCUPATION

Cold Sheet helper

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

3

MOTHER.

(14) NAME BEFORE

MARRIAGE

Julia Lawson

(15) PRESENT

POSTOFFICE

Brooklands

(16) COLOR

OR

Black

(17) AGE AT LAST

BIRTHDAY

28

(18) BIRTHPLACE

Ryan S C

(19) OCCUPATION

House Wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Ungles

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeBrooklands

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/28/221922g. L. Brown

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.

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N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINT-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 6.