

Form No. 1

(1) PLACE OF BIRTH

County of Lee

Township of Bishopville

City of Bishopville

City of Bishopville

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

(2) Full Name of Child Leah Hamilton

2) BOY OR GIRL Boy (4) Type of Triplet Single (5) Are Parents Married Yes (6) DATE OF BIRTH July 20, 1923 (7) DAY (8) MONTH (9) YEAR

FATHER. (8) FULL NAME Charles James Hamilton

(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34

(12) BIRTHPLACE Manning S.C.

(13) OCCUPATION Lumber Worker

(20) Number of children born to mother, including present birth 1

MOTHER. (14) NAME BEFORE MARRIAGE Christine Richburg

(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16

(18) BIRTHPLACE Siler S.C.

(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 Alive at 11 Am. on the date above stated.

(23) (Signature) Delia Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physic. or Midwife Bishopville S.C.

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

(27) File Aug 10, 1923 (28) Newton Elmore 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.