

Form No 1.

(1) PLACE OF BIRTH

County of Harry

Township of Bayboro

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90320

Registration District No. 2500

Registered No. 312

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Marytelle L. Hamilton

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 BIRTH Dec. 13, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME O. H. Hamilton

(9) PRESENT POSTOFFICE OF FATHER Gurley S C

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Harry Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Stevens

(15) PRESENT POSTOFFICE OF MOTHER Gurley S C

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Harry Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ples. Dickmon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Allen S C

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Dec 19, 1914 (28) J. W. General 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Claw. of Columbia.