Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29244

(1) PLACE OF BIRTH

County of Marion

Township of Lizella

or

Inc. Town of .....

or

City of ..... (No. ..... St. ..... Ward)

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

Registration District No. ..... Registered No. ..... (For use of Local Registrar)

(2) Full Name of Child Clifton Walter 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?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	July 16, 1923 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Hannon Higgins	(14) NAME BEFORE MARRIAGE: Eva Hamilton
(9) PRESENT POSTOFFICE OF FATHER: Marion S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Rains S.C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 3[illegible] (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: So Car.	(18) BIRTHPLACE: So Car.
(13) OCCUPATION: Chain Gang Foreman	(19) OCCUPATION: Domestic
(20) Number of children born to mother, including present birth: 2	(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 (Born alive or stillborn) at 11 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Maggie Howard

(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Rains S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 22 1923 (28) W. A. Rowell 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.