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## CERTIFICATE OF BIRTH

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

No. 12-For this Register only

12148

County of SpartanburgMunicipality of SumterIn Town of SumterCity of SumterRegistration District No. 41-ARegistered No. 59

(For use of Local Registrar)

(No. Shoney Hospital (Name of Hospital))

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

(1) Full Name of Child Hamilton Berger Caplin

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

(2) SEX OF CHILD <u>Boy</u>	(3) Type of Birth <u>—</u> To be answered only in event of Twin or Triplet	(4) Number in order of birth <u>—</u>	(5) Are Twins Marked <u>Yes</u>	(6) DATE OF BIRTH <u>2 2 19 35</u> (Name of Month) (Day) (Year)
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## FATHER.

(7) FULL NAME Hamilton Berger Caplin(8) PRESENT POSTOFFICE OF FATHER Dalyel S.C.(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 39 (Year)(11) BIRTHPLACE S.C.(12) OCCUPATION Rural Policeman(13) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Florence Virginia Cummings(15) PRESENT POSTOFFICE OF MOTHER Dalyel S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 9:35 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(22) (Signature) H. H. Howard(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Sumter S.C.

Give name added from a supplemental report

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

(26) Filed 19 (27) 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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