

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Beaneor
Inc. Town ofor
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

86594

Registration District No. 2200 Registered No. 338
(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 19, 1916</u> (Name of Month) (Day) (Year)
------------------------------	----------------------	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Wm. H. Hamilton(9) PRESENT POSTOFFICE OF FATHER Giam S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Marion County(13) OCCUPATION laborer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Page(15) PRESENT POSTOFFICE OF MOTHER Giam S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Marion County(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. H. Hamilton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Giam S.C.

Given name added from a supplemental report

(26) Witness J. C. Moody
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 29, 1916 (28) J. C. Moody 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.

VIEWED BY THE CLERK OF THE COURT IN THE CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8.

McGraw-Hill Co. of Columbia