

Standard Certificate of Birth
and Death

MADE IN NORTH

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

PERSONALLY appeared before me, Anna G. Pregnall a Notary Public of South Carolina, Florence Lementon, who being duly sworn says and deposes that she is the sister of Marguerite Matilda Hamilton who was born in Green Pond, S.C. on July 2nd, 1923: that she was a green girl at the time that this child was born and took care of her when she was a baby: that both the father and mother of the child are now dead: that the midwife is also dead: that she is the only person now living who was at the place where the child was born and that she has given the answers on the attached return of birth and that the same are true and correct.

SWORN to before me this

26th day of Sept. A.D. 1931

Anna Pregnall
Notary Public, S.C.

My commission expires at the
will of the Governor.

Clarence Lementon

· A F E T Y A L M

PLACE OF BIRTH
City of Colleton
County of Green Pond
or
In town of _____
or
City of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. _____

FILE No.—For State Registrar Only
20648-A

Registered No. _____
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
FULL NAME OF CHILD Marguerite Matilda Hamilton Ward _____
(If child is not yet named, make supplemental report as directed)

1. Sex of Child Girl 2. M. Signs Births 3. Twin, triplet, or other _____ 4. Premature _____ 5. Legitimate _____ 6. Date of Birth July 2nd, 1931
7. Number, in order of birth _____ 8. Full name _____ 9. Month, day, year _____

10. Full maiden name FATHER Billie Hamilton 11. Full maiden name MOTHER Lissie Cunningham

12. Residence (usual place of abode) Deceased 13. Residence (usual place of abode) Green Pond, S.C.
(If nonresident, give place and State)

14. Color or race Col. 15. Age at last birthday _____ (Years)

16. Birthplace (city or place) _____ (State or country) 17. Birthplace (city or place) South Carolina
(State or country)

18. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. _____ 19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic
20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In service.
22. Date (month and year) last engaged in this work _____ 23. Total time (years) spent in this work _____
24. Date (month and year) last engaged in this work _____ 25. Total time (years) spent in this work _____

26. Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
27. If stillborn, _____ (a) Before labor _____ (b) During labor _____
28. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated
(Born alive or stillborn)
When there was no attending physician or midwife, then the father, householder, or, should make this return.
Was name added from supplemental report _____
(Date of) _____
(Signed) _____ M. D.
or Manda Ladson _____ Midwife
Address Green Pond, S.C.
Filed Sept. 25, 1931.