

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of Wide  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17510

Registration District No. 1813 Registered No. 19  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bunnie Hamilton (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet <u>No</u> To be covered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>June 27, 1933</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Henry Hamilton</u>			14) NAME BEFORE MARRIAGE <u>Oliver Daggitt</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Edgefield, S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield, S.C.</u>	
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	18) BIRTHPLACE <u>Edgefield</u>
12) BIRTHPLACE <u>Edgefield</u>	13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Farm help</u>	20) Number of children of this mother now living, including present birth <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (How A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/16/1933

(28)

Oliver Daggitt

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.