

(1) PLACE OF BIRTH

County of William
 Township of Manning
 OF
 Inc. Town of
 OF
 City of

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

File No. — For State Registrar Only
6773

Registration District No. 1605 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 Edgar S. Hamilton If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Boy 4 Twin or Triplet No 5 Number in order of birth 2d 6 Are Parents Married Yes 7 DATE OF BIRTH Feb 24 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Stanley A. Hamilton

9 PRESENT POSTOFFICE OF FATHER William S. C.

10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 26 (Years)

12 BIRTHPLACE William S. C.

13 OCCUPATION Laborer Forman cotton mill

20 Number of children born to mother, including present birth Two

MOTHER.

14 NAME BEFORE MARRIAGE Blanche Brady

15 PRESENT POSTOFFICE OF MOTHER William S. C.

16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 22 (Years)

18 BIRTHPLACE Jacksonville Fla.

19 OCCUPATION House work

21 Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Edgar S. Hamilton, at 2352, on the date above stated. (If child is stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. F. Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife William S. C.

(Given name added from a supplemental report)

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

(27) Filed 3/21 1923 (28) B. F. Johnson 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.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Local Registrar.

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FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in column.

Bureau of Vital Statistics, Columbia, S. C.