

(1) PLACE OF BIRTH

County of YorkTownship of 7

or

Inc. Town of

or

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

James Hamilton

File No.—For State Registrar Only

17709

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2106Registered No. 22
(For use of Local Registrar)(No. 1 St. 1 Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>Twin</u> To be answered 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 14, 1926</u> (Name of Month) (Day) (Year)
FATHER <u>Benjamin</u>		MOTHER <u>Hannah Cohen</u>		
(8) FULL NAME <u>Benjamin</u>		(14) NAME BEFORE MARRIAGE <u>Hannah Cohen</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Waverly Mills, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Waverly Mills, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Master</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>16</u>		(21) Number of children of this mother now living, including present birth <u>16</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Richard(24) State whether Physician or Midwife (25) Address of Phys. or Midwife
Waverly Mills, S.C.

Given name added from a supplemental report

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

(27) Filed June 18, 1926 (28) Seabell Whitworth 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.