

(1) PLACE OF BIRTH
 County of *Jefferson*
 Township of *Bridge*
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (If birth occurred in a hospital or other institution, give name of same instead of street and number.)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registration Only

55905

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth *first* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Oct 20*
 To be printed only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *W. Hamilton Garrison*
 (9) PRESENT POSTOFFICE OF FATHER *Lex S. C.*
 (10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY (Years) *32*
 (12) BIRTHPLACE *Omaha La. City*
 (13) OCCUPATION *Farming*
 (14) Number of children born to mother, including present birth *7 sons*

MOTHER.

(14) NAME BEFORE MARRIAGE *French Stewart*
 (15) PRESENT POSTOFFICE OF MOTHER *Lex S. C.*
 (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY (Years) *34*
 (18) BIRTHPLACE *Mass Dartington*
 (19) OCCUPATION *House work*
 (20) Number of children of this mother now living, including present birth *none*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) *Patty Garrison*
 (24) State whether Physician or Midwife: (25) Address of Physician or Midwife
David wife *Lex, City, S.C.*

Given name added from a supplemental report
 191.....
 Registrar

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

(27) Filed 191..... (28) 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.