

(1) PLACE OF BIRTH

County of Yellow Springs
Township of St. Michael
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

81219

Registration District No. 16.0.1 Registered No. 888
(For use of Local Registrar)

City of (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 Charlie Hamilton McNeil child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH Aug. 31 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Lewis Hamilton

(14) NAME BEFORE MARRIAGE Mellie McNeil

(9) PRESENT POSTOFFICE OF FATHER Hammon S.C.

(15) PRESENT POSTOFFICE OF MOTHER Hammon S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Don't Know

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth one

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Hill
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hammon 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 Oct 1916 (28) G. H. McCarty 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.