

## (1) PLACE OF BIRTH

County of Yellow Springs  
 Township of Ar. 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug. 31 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Lewis Hamilton  
 (9) PRESENT POSTOFFICE OF FATHER Hammon S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)  
 (12) BIRTHPLACE Don't Know  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mollie McNeil  
 (15) PRESENT POSTOFFICE OF MOTHER Hammon S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE S.C.  
 (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. McNeely 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.