

MARGIN RESERVED FOR BINDING

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Legality of Certificates, Columbia, S. C.

(1) PLACE OF BIRTH

County of Anderson  
Township of .....  
or  
Inc. Town of .....  
or  
City of Anderson

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

156

Registration District No. 312

Registered No. 118  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francis Hamilton

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH June 21 1932  
(State of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Hamilton

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 36  
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Laborer

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

MOTHER

(14) NAME BEFORE MARRIAGE Russell Cunningham

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 19  
(Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Dentist

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 60 on the date above stated. (Born alive or stillborn) (Hour A. M. or P.)

(23) (Signature) W. Cunningham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(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.

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this return birth