

(1) PLACE OF BIRTH

County of Pickens
Township of Central
OR
Inc. Town of _____
OR
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16344

Registration District No. 3200

Registered No. 99

(For use of Local Registrar)

(2) Full Name of Child Jamie Laddie Davidson

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 6, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mrs. Hamilton

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

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 45

(Years)

(12) BIRTHPLACE Hart Co. Ga.

(13) OCCUPATION Clerk

MOTHER.

(14) NAME BEFORE MARRIAGE Jamie Haring

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

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 43

(Years)

(18) BIRTHPLACE Hart Co. Ga.

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 11

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.

(Born alive or stillborn) at 12:45 P.M. (Hour A. M. or P. M.)

(23) (Signature) J. H. Bearden

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Central S.C.

Given name added from a supplemental report

(26) Witness

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

19 22 Registrar

(27) Date May 6, 1922

(28) J. H. Bearden

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.