

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 642Registration District No. AA9.A. Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX OR CHILD	Boy	(4) Type or Triplet	To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	YES	(7) DATE OF BIRTH	<u>Jan 14th 1913</u>
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FATHER.

(8) FULL NAME John Hampton(9) PRESENT POSTOFFICE OF FATHER Cherokee Falls S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (12)(13) BIRTHPLACE S.U.

(14) OCCUPATION

Mill Operator(15) Number of children born to mother, including present birth 4

MOTHER.

(16) NAME BEFORE MARRIAGE Jessie MOSS(17) PRESENT POSTOFFICE OF MOTHER Cherokee Falls S.C.(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 24 (20)(21) BIRTHPLACE S.C.

(22) OCCUPATION

Mill Operator(23) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive 12, 2013 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(25) (Signature) Victor M. Roberts

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

M.D.blackburg S.C.

(28) Given name added from a supplemental report

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

(30) Filed 1-13-13 (31) J. M. Roberts 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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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 1.

RECEIVED AT COLUMBIA, S. C.