

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephensor
Inc. Town ofor
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

File No.—For State Registrar Only

48220

Registration District No. 706Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Mary Hampton

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 23</u> (Name of Month) (Day) (Year)
------------------------------	----------------------	------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Joe Hampton(9) PRESENT POSTOFFICE OF FATHER Wren SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Berkley Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Shepard(15) PRESENT POSTOFFICE OF MOTHER Wren SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Berkley Co(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John W. Wren(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wren SC

Given name added from a supplemental report

191...

Registrar

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

(27) Filed July 1911 (28) J. J. Lundy 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.

WRITES PLAINLY, WITH LEADING INK—THIS IS A PERMANENT STRIP OF PAPER.
 M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the
 McCaw, of Columbia.