

Form No. 1

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of LowCity of Eastover S.C.

(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

29903

Registration District No. 3502Registered No. 249  
(For use of Local Registrar)(2) Full Name of Child Sam. Hampton

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

no

(7) DATE OF BIRTH

Sept 16 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Jones

(9) PRESENT POSTOFFICE OF FATHER

Waterloo S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

Waterloo S.C.

(13) OCCUPATION

public work

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Hampton

(15) PRESENT POSTOFFICE OF MOTHER

Waterloo S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

Waterloo S.C.

(19) OCCUPATION

house work

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was about 5 at a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature)

Mellie Jackson

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(Given name added from a supplemental report)

(28) Witness

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

(27) Filed

9/17 1923

(29)

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.