

(1) PLACE OF BIRTH
County of Calhoun
Township of Arnold
or
Inc. Town of.....
or
City of.....

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

No. 34950
For State Registrar Only

Registration District No. For Registered No. 108
(For use of Local Registrar)

(No. St.) Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harold Hampton If child is not yet named, make supplemental report as directed.

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 3, 1925
(Name of Mother) (Day) (Year)

FATHER.
(8) FULL NAME John Hampton
(9) PRESENT RESIDENCE OF FATHER St. Matthews
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farm Work

MOTHER. William
(14) NAME BEFORE MARRIAGE Carrie Nelson
(15) PRESENT RESIDENCE OF MOTHER St. Matthews
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Farm Work

(20) Number of children born to mother, including present birth 3 (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 white at 10 A.M. on the date above stated. (23) (Signature) Edward Ingram (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report
(26) Witness Ed. A. Abo (Signature of Witness necessary when question 22 is signed by Registrar)
(27) Signed Ed. A. Abo (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of a child born before the fifth month of pregnancy.