

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Peeples  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only  
**30669**

Registration District No. 7402Registered No. 139  
(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 Hampton Sauls

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 11 (6) Are Parents Married? marked DATE OF BIRTH Sept 12 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME J. M. Sauls  
 (9) PRESENT POSTOFFICE OF FATHER Hampton SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45  
 (12) BIRTHPLACE H. Co. SC  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 11

## MOTHER

(14) NAME BEFORE MARRIAGE One Dunchae  
 (15) PRESENT POSTOFFICE OF MOTHER Hampton SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35  
 (18) BIRTHPLACE H. Co. SC  
 (19) OCCUPATION Housework  
 (20) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Smalls Midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 30 22 (28) 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.