

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Daphne  
 or  
 Inc. Town of .....  
 or  
 City of Hampton (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  
30661

Registration District No. 24.02 Registered No. 124  
 (For use of Local Registrar)

(2) Full Name of Child addie Lee Tuten If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 15 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jimmie Tuten  
 (9) PRESENT POSTOFFICE OF FATHER Hampton  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Year)  
 (12) BIRTHPLACE Hampton  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Liddie Sinclair  
 (15) PRESENT POSTOFFICE OF MOTHER Hampton  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Year)  
 (18) BIRTHPLACE Hampton  
 (19) OCCUPATION House work  
 (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 8 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) 19

(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.