

(1) PLACE OF BIRTH

County of

Township of *Centerville*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

28771

Registration District No. *303* Registered No. *62*

(For use of Local Registrar)

(No. *22M* 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 *James Homer Hampton* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<i>yes</i>	<i>Sept 3 1922</i> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J H Hampton*(9) PRESENT POSTOFFICE OF FATHER *Anderson*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *26*
(Years)(12) BIRTHPLACE *Haysville N C*(13) OCCUPATION *mill op*(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ellen Sashie*(15) PRESENT POSTOFFICE OF MOTHER *Anderson*(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *33*
(Years)(18) BIRTHPLACE *White Co Ga*(19) OCCUPATION *housewife*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at *2 40* M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *A. S. Smithers (M.D.)*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Anderson*

Given name added from a supplemental report

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

(27) Filled 19 (28) F. B. CRAYTON;

When there was no attending physician or midwife, then the father, householder, etc., shall sign and 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.