

(1) PLACE OF BIRTH

County of Kershaw

Township of

or
Inc. Town ofor
City of Caulden

(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

43051

Registration District No. 27ARegistered No. 95
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

{ If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL? girl(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Dec 10 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Mamie Hampton(9) PRESENT
POSTOFFICE
OF FATHER Caulden(10) COLOR
OR
RACE Col(11) AGE AT LAST
BIRTHDAY 20
(Years)(12) BIRTHPLACE SC(13) OCCUPATION laborer(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Carrie Hampton(15) PRESENT
POSTOFFICE
OF MOTHER Caulden(16) COLOR
OR
RACE Col(17) AGE AT LAST
BIRTHDAY 27
(Years)(18) BIRTHPLACE SC(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 Born alive at 7a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Deas(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 1 19 23(28) Rebecca Deas
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.