

(1) PLACE OF BIRTH

County of AikenTownship of Waldoor
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

9077

Registration District No. 2/4 Registered No. 3
(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 Luzema Hampton If child is not yet named, make supplemental report as directed3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Age Present 10 (7) DATE OF BIRTH 2-11-23
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Edbert Hampton (14) NAME BEFORE MARRIAGE Ella Barnes(9) PRESENT POSTOFFICE OF FATHER Ridge Spring, S.C. (15) PRESENT POSTOFFICE OF MOTHER Ridge Spring, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE Aiken Co., S.C. (18) BIRTHPLACE Aiken Co., S.C.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:09 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ridge Spring

(Given name added from a supplemental report)

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

(27) Filed May 10, 1923 (28) H. C. ... 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.

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