

(1) PLACE OF BIRTH

County of *Sumter*Township of *Wright*

Inc. Town of

City of

(If birth occurred in 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

Registration District No. *4102*

No. for State Register

26392

Registered No. *5*

(For use of Local Registrar)

(2) Full Name of Child

Elizabeth Sampson

If child is not yet named, supplemental report as directed

(1) Sex <i>Female</i>	(2) Number in order of birth <i>1</i>	(3) Are Parents Married <i>Yes</i>	(4) DATE <i>Aug 1</i>
(5) Name of Mother <i>Elizabeth Sampson</i>		(6) Name of Father <i>John Sampson</i>	
(7) Present Postoffice of Father <i>St. Charles</i>	(8) Present Postoffice of Mother <i>St. Charles</i>	(9) Color or Race <i>Col</i>	(10) Age at Last Birthday <i>27</i>
(11) Birthplace <i>St. Charles</i>	(12) Occupation <i>Farmer</i>	(13) Birthplace <i>St. Charles</i>	(14) Occupation <i>Farmer</i>
(15) Number of children of this mother now living, including present birth <i>1</i>	(16) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *born alive* at *10* o'clock *Hour A. M.*(21) (Signature) *Elizabeth Sampson*(22) State whether Physician or Midwife *Midwife*(23) Address of Registrar *St. Charles*

(When signed from a supplemental report)

(24) Witness (Signature of Witness necessary only when question 23 is signed by parent) *John Sampson*(25) Filed *Sept 2 1902* (26) Local Registrar *John Sampson*

*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.