

Form No. 1

(1) PLACE OF BIRTH

County of Sumter  
 Township of Salmon  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

**32530**

Registration District No. 4110 Registered No. 40  
 (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 George Washington Hampton (If not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) And Parents Married? Yes (7) DATE OF BIRTH Sept. 25, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Frank Hampton  
 (9) PRESENT POSTOFFICE OF FATHER Riverwood S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming

**MOTHER.**

(14) NAME BEFORE MARRIAGE Marie Hampton  
 (15) PRESENT POSTOFFICE OF MOTHER Riverwood S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 10:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physiat or Midwife Riverwood S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 10, 1922 (28) C. S. Griffin 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 5.