

WHEN FATHER, MOTHER OR CHILD IS A PERMANENT RESIDENT OF THE STATE, THIS IS A PERMANENT RECORD. 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 1

(1) PLACE OF BIRTH

County of Cherokee  
Township of Cherokee  
or  
Inc. Town of Cherokee  
City of Cherokee  
(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

For this Register only  
2842

Registration District No. 2.A. Registered No. 1.7.  
(For use of Local Registrar)

(2) Full Name of Child

George Hampton

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 17</u> 19 <u>26</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>Walter Hampton</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Lilly Moore</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Cherokee S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Cherokee S.C.</u>		
(12) COLOR OR RACE <u>Colored</u>	(13) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(14) COLOR OR RACE <u>Colored</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(16) BIRTHPLACE <u>Cherokee County</u>		(17) BIRTHPLACE <u>Cherokee S.C.</u>		
(18) OCCUPATION <u>Painter</u>		(19) OCCUPATION <u>Homemaker</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Cherokee at 2:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harold W. Wynn  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2/26/26 (28) H. R. R. R. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.