

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of

City of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16486

Registration District No. 3.8th Registered No. 1409

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Edward Hampton } If child is 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) Are Parents Married? Yes (7) DATE OF BIRTH May 17, 1942 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Robert Edward Hanna

(14) NAME BEFORE MARRIAGE Ruby Sumner

(9) PRESENT POSTOFFICE OF FATHER Columbia (HANA)

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S. S. G. Sumner

(18) BIRTHPLACE S.C.

(13) OCCUPATION Sawyer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Guiffray

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1416 Hampton

Given name added from a supplemental report
..... 101
.....
Registrar

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

(27) Filed 6-12-1942 (28)
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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