

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

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

17469

Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Joseph N. Hampton

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Age Person Married

(7) DATE OF BIRTH June 18, 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro

(11) BIRTHPLACE

(12) OCCUPATION

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

FATHER

Jesse C. Hampton

Ridgville, S.C.

Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

S.C.

Laborer

1

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro

(17) BIRTHPLACE

(18) OCCUPATION

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

Lee Moten

Ridgville S.C.

Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

S.C.

Domestic

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child who was born alive or stillborn on the date above stated.

(21) (Signature)

(22) (Address)

(23) (Signature)

(24) (Address)

J. A. Hampton

Physician

Ridgville S.C.

(25) Given name added from a supplemental report

James Finney

June 17, 1924

(26) Witness

(Signature of Witness necessary when question 23 is answered by birth)

(27) June 23, 1923

(28) J. A. Hampton

(29) 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.