

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
79409

(1) PLACE OF BIRTH
County of Sumter
Township of _____
or
Inc. Town of _____
or
City of Sumter
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 41a Registered No. 179
(For use of Local Registrar)
St. 2 Ward _____
(No. 466 N Main)
If child is not yet named, make supplemental report as directed.

(2) Full Name of Child. Maggie Kathleen Hampton
(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Matthew Hampton
(9) PRESENT POSTOFFICE OF FATHER Sumter SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE Claudon Co SC
(13) OCCUPATION Day Labourer
(20) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Florence Posen
(15) PRESENT POSTOFFICE OF MOTHER Sumter SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE Sumter SC
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 11 (Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) Messelle Parsons
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report _____ 191_____

Registrar
(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled Sept 20 1916 (28) M. J. Chapman 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.

RECEIVED BY THE CLERK OF THE COUNTY OF SUMTER, S. C., THIS _____ DAY OF _____ 191_____
FILED IN _____