

## (2) PLACE OF BIRTH

County of Deane  
 Township of Seneca  
 or  
 Inc. Town of Balhorn SC  
 or  
 City of SC

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

No. 4200—For State Registrar  
 (For use of Local Registrar)

Registration District No. 354

Registered No. ....  
 (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 Qualie Hampton

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

(1) SEX Male (2) Type of Birth Single (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH 10 20 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
 (6) FULL NAME Romelgar Hampton  
 (7) PRESENT POSTOFFICE OF FATHER Balhorn SC 2701  
 (8) COLOR OR RACE Black (9) AGE AT LAST BIRTHDAY 25  
 (10) BIRTHPLACE SC  
 (11) OCCUPATION Farmer

**MOTHER.**  
 (12) NAME BEFORE MARRIAGE Rosa Jenkins  
 (13) PRESENT POSTOFFICE OF MOTHER Balhorn SC 2701  
 (14) COLOR OR RACE Black (15) AGE AT LAST BIRTHDAY 22  
 (16) BIRTHPLACE SC  
 (17) OCCUPATION Mother & Housekeeper

(18) Number of children born to mother, including present birth 1 (19) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was ..... at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) W. W. Watkins

(22) State whether Physician or Midwife Physician

(23) Address of Physician or Midwife Clinton College SC

Given name added from a supplemental report

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

(25) Filed ..... (26) 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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THIS PLAINLY, WITH UNPAID IN-PAID IN A PERMANENT RECORD. N. B.—In case of twins or triplets use a separate blank for each child. FIRST-BOOK, No. 1. THIS OTHER, No. 2. See, in question 1. Section of Schedule, Column 1.