

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield
 Township of Edgefield
 or
 Inc. Town of Edgefield
 or
 City of Edgefield

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34237

Registration District No. 18ARegistered No. 45
(For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Archie Hamp

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? No (7) DATE OF BIRTH Oct 19, 1932
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Doc Hamp
 (9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Edgefield S.C.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Chipant
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Edgefield
 (19) OCCUPATION Servant
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Finkbeiner
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

(27) Filed 11/14 1932 (28) Doc Hamp 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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 5.

McGraw-Hill, Columbia, S. C.