

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
4955

County of Richmond
Township of Hampton
OR
Inc. Town of.....
OR
City of.....

Registration District No. 3704 Registered No. 8
(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 George Lee Hampton (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Sex female (7) DATE OF BIRTH July 23 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Taylor Hampton
(9) PRESENT POSTOFFICE OF FATHER Hampton
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Year)
(12) BIRTHPLACE Hampton
(13) OCCUPATION farmer
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Lucy
(15) PRESENT POSTOFFICE OF MOTHER Hampton
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Year)
(18) BIRTHPLACE Hampton
(19) OCCUPATION farmer
(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..... at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)
.....
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mon 7 19 23 (28) [Signature] 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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SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
Bureau of Vital Statistics, Columbia, S. C.