

(1) PLACE OF BIRTH

County of RichmondTownship of Hampton

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 4955 - For State Registrar Only

4955

Registration District No. 3714Registered 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 James Lee Hampton

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex

girl

(7) DATE OF BIRTH

10/23/23
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jasper L. Hampton

(9) PRESENT POSTOFFICE OF FATHER

Hampton, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Hampton, S.C.

(13) OCCUPATION

Farmer

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

14

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Ann Hampton

(15) PRESENT POSTOFFICE OF MOTHER

Hampton, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

Hampton, S.C.

(19) OCCUPATION

Farmer

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

14

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) Dr. J. M. St.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Mon 7 10 3(28) J. M. St. 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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