

(1) PLACE OF BIRTH

County of Anderson
 Township of Belton
 OR
 Inc. Town of
 OR
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28740

Registration District No. 300 Registered No. 157
 (For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>9/29</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
1) FULL NAME <u>Homer K. Hampton</u>		14) NAME BEFORE MARRIAGE <u>Annie L. Bacon</u>		
2) PRESENT POSTOFFICE OF FATHER <u>Belton SC</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Belton SC</u>		
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
12) BIRTHPLACE <u>Anderson Co.</u>		18) BIRTHPLACE <u>Anderson Co.</u>		
13) OCCUPATION <u>Public Service</u>		19) OCCUPATION <u>House wife</u>		
20) Number of children born to mother, including present birth <u>2</u>		21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Heyward M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton

Given name added from a supplement-
 tal report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 5, 1922 (28) Mrs. J. A. L. 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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