

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

No. **381**—For State Registrar Only

PLACE OF BIRTH
County of **Blkoun**
City of **Can Can**
In Town of

Registration District No. **8.01** 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.)
Full Name of Child **Lucile Hampton** If child is not yet named, make supplemental report as directed

(1) Sex **Girl** (2) Date of Birth **Jan 10 23**
(3) Age at last birthday **22** (4) Color **W** (5) Race **W**
(6) Birthplace **S.C.** (7) Occupation **Farmer**

FATHER.
(8) Name before marriage **Henry Hampton**
(9) Present residence of father **St. Matthews**
(10) Color **W** (11) Age at last birthday **22**
(12) Birthplace **S.C.**
(13) Occupation **Farmer**
(14) Number of children born to father, including present birth **3**

MOTHER.
(15) Name before marriage **Emma Hampton**
(16) Present residence of mother **St. Matthews**
(17) Color **W** (18) Age at last birthday **26**
(19) Birthplace **S.C.**
(20) Occupation **Farmer**
(21) Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was **Born alive** at **6 P.**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) **Carrie H. H. H.**
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed **Jan 16 23** (28) **J. H. H.** 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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