

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Lurline STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Mayeville State Board of Health

File No.—For State Registrar Only

53896

Inc. Town of Registration District No. 4102 Registered No. W
(For use of Local Registrar)

City of (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 Elizabeth Hampton } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Mar 4 1916
to be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sydney Hampton

(9) PRESENT POSTOFFICE OF FATHER Mayeville

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Mayeville S.C.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Phonny Med

(15) PRESENT POSTOFFICE OF MOTHER Mayeville

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Mayeville

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Sydney Hampton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 2000 Hampton Mayeville S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Mar 10 1916 (28) W.G. Thomas 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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Form No. 10. WHEN PLAINED, WITH EMPHASIS INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5. City of Columbia, S. C.