

(1) PLACE OF BIRTH

County of Rich

Township of _____
or
Inc. Town of Bishopville

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 Rose Sampson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL _____ (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Age Parents Marrying 4 yrs (7) DATE OF BIRTH Jan 26, 1922
(Date of Month) (Day) (Year)

FATHER:

(8) FULL NAME Edgar Sampson
(9) PRESENT POSTOFFICE OF FATHER Bishopville
(10) COLOR OR RACE Cul (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Bishopville S.C.
(13) OCCUPATION Day Labor
(20) Number of children born to mother, including present birth 1 4

MOTHER:

(14) NAME BEFORE MARRIAGE Addie Bradshaw
(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
(16) COLOR OR RACE Cul (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Bishopville
(19) OCCUPATION Domestic
(21) Number of children of the mother now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at 2 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Rose Slater
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Bishopville S.C.

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 March 1922 (28) John H. Loney 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 if stillbirth before the fifth month of pregnancy.

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

File No. - For State Registrar Only
8245

REGISTERED IN ADVANCE OF THE STATE OF SOUTH CAROLINA. THIS IS THE FIRST OF A SERIES OF CERTIFICATES OF BIRTH TO BE ISSUED BY THE STATE BOARD OF HEALTH. THE STATE BOARD OF HEALTH IS AUTHORIZED TO REVOKE OR SUSPEND THE LICENSE OF ANY REGISTRAR WHO VIOLATES THE PROVISIONS OF THIS ACT. THE REGISTRAR IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION FURNISHED TO HIM BY THE FATHER, MOTHER, HOUSEHOLDER, OR OTHER PERSON FURNISHING THE INFORMATION. THE REGISTRAR IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION FURNISHED TO HIM BY THE FATHER, MOTHER, HOUSEHOLDER, OR OTHER PERSON FURNISHING THE INFORMATION. THE REGISTRAR IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION FURNISHED TO HIM BY THE FATHER, MOTHER, HOUSEHOLDER, OR OTHER PERSON FURNISHING THE INFORMATION.