

## (1) PLACE OF BIRTH

County of Rich

Township of .....

or  
Inc. Town of Bishopville

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9.0.2

File No. - For State Registrar Only

8245

Registered No. F  
(For use of Local Registrar)

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(7) BOY OR  
GIRL(4) Twin  
or Triplet(5) Number in  
order of birth(6) Are  
Parents  
Married(7) DATE OF  
BIRTHJan. 26, 1922  
(Give 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 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 this mother  
now living, including present birth 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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Stater(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Bishopville S.C.Given name added from a supplement-  
al report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed March 1922 (28) John H. J. Loney Local Registrar19.....  
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 stillborn  
before the fifth month of pregnancy.