

(1) PLACE OF BIRTH

County of Orange
Township of Easton
or
Inc. Town of.....
or
City of.....

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

No. 33307

Registration District No. 3500 Registered No. 123
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Johnnie Adeline Campbell If child is not yet named, make supplemental report as directed

(3) SEX Female (4) AGE 1 year (5) DATE OF BIRTH Sept 24 1923

FATHER
(6) FULL NAME John A Campbell
(7) OCCUPATION Merchant
(8) COLOR White (9) AGE AT LAST BIRTHDAY 37
(10) BIRTHPLACE Georgia
(11) OCCUPATION Farmer
(12) Number of children born to mother, including present birth 5

MOTHER
(13) FULL NAME M E Gie Anderson
(14) OCCUPATION Wife
(15) COLOR White (16) AGE AT LAST BIRTHDAY 37
(17) BIRTHPLACE Georgia
(18) OCCUPATION Housewife
(19) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.) at 10:00 P. M.
on the date above stated.
(21) (Signature) Lula S Earle, M.D.
(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report
Lula S Earle
(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. P. Martin
(25) Date Nov 14 1923 (26) Local Registrar

When child is born in hospital or institution, then the nurse, housekeeper, etc., should make this return. If a child born at home is stillborn, it should not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.