

## (1) PLACE OF BIRTH

County of AsheleyTownship of Asheleyor  
Inc. Town of CampbellCity of Campbell

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2548

Registration District No. .... Registered No. ....

(For use of Local Registrar)

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

(1) BOY OR GIRL Boy

(4) Twin or triplet?

(5) Number in order of birth  
to be universal only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH 1 23 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY        (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Libbie Varney(15) PRESENT POSTOFFICE OF MOTHER Campbell S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION School

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. A. L. at 6 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. B. L.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Campbell S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 191

(28)

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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THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia