

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

(2) Full Name of Child

(3) BOY OR
GIRL

fire

(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

yes

(7) DATE OF
BIRTH

Jan 19 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME

Mc. Camble

(9) PRESENT
POSTOFFICE
OF FATHER

Lancaster

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY

42

(12) BIRTHPLACE

Lancaster County

(13) OCCUPATION

Cotton mill

MOTHER

(14) NAME BEFORE
MARRIAGE

Elizabeth Camble

(15) PRESENT
POSTOFFICE
OF MOTHER

Lancaster

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY

33

(18) BIRTHPLACE

Lancaster S.C.

(19) OCCUPATION

House Keeper

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.

A live ... at ... M.

(Born alive (stillborn)) (Hour A.M. or P.M.)

(23) (Signature)

(24) (Name, whether Physician or Midwife)

(25) Address of Physician or Midwife

Given name added from a supplement
tal report

(26) Witness

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

(27) Filed

1-21-22

(28)

(29) Local Registrar

When there was no attending physician or midwife, then the father, household, 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.