

(1) PLACE OF BIRTH

County of Roanoke
 Township of Barrie
 or
 Inc. Town of Claussens
 or
 City of SC

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

No. 3835 — For State Registrar Only

Registration District No. 2009 Registered No. 19
 (For use of Local Registrar)
 (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

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Feb 11, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME <u>Southern Mortimer Campbell</u>			9. NAME BEFORE MARRIAGE <u>Caroline Bessie Garrison</u>	
10. PRESENT POSTOFFICE OF FATHER <u>Claussens SC</u>			11. PRESENT POSTOFFICE OF MOTHER <u>Claussens SC</u>	
12. COLOR OR RACE <u>White</u>	13. AGE AT LAST BIRTHDAY <u>23</u> (Years)	14. COLOR OR RACE <u>White</u>	15. AGE AT LAST BIRTHDAY <u>21</u> (Years)	16. BIRTHPLACE <u>South Carolina</u>
17. OCCUPATION <u>Farming</u>			18. OCCUPATION <u>Housewife</u>	
19. Number of children born to mother, including present birth <u>One</u>			20. Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2 a M., on the date above stated. (Born alive or stillborn (Hour, M. or P. M.))

(22) (Signature) W. H. Foster M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Roanoke SC

Given name added from a supplemental report

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

(26) Filed Feb 12, 1923 (27) 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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