

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71017

(1) PLACE OF BIRTH

County of Cherokee
Township of Dew Wat
or
Inc. Town of

Registration District No. 106 Registered No. 45
(For use of Local Registrar)
St.; Ward)
(No. 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? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 9, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.				MOTHER.
(8) FULL NAME <u>William H Campbell</u>		(14) NAME BEFORE MARRIAGE <u>May Jane Borer</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dew Wat Se</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Dew Wat Se</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Asheville</u>		(18) BIRTHPLACE <u>Asheville</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:35 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Tubby, Jr.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Home 9 Park St

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. C. Tubby, Jr.
(27) Filed Sept 9, 1916 (28) J. C. Tubby, Jr. 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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MARGIN RESERVED FOR BINDING
WHITE PLAINLY, WITHOUT WRITING IN IT—THIS IS A PERMANENT RECORD FOR EACH CHILD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD
FIRST-PHORN, No. 1. THE OTHER, No. 2, etc., in question 5.