

FORM NO. 7. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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. S.Caw. of Columbia.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

72412

County of *Dillon*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Hartsville*

Inc. Town of Registration District No. *1609* Registered No. *71*
(For use of Local Registrar)

City of (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? *Boy* (4) Twin or triplet? (5) Number in order of birth (6) Are ~~yes~~ Parents Married? (7) DATE OF BIRTH *Aug. 23, 1916*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *John A Campbell*

(14) NAME BEFORE MARRIAGE *Helen Paulson*

(9) PRESENT POSTOFFICE OF FATHER *Dillon S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Dillon S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *44* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33* (Years)

(12) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Housewife*

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

(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 *born* at *4* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Charity A. Hamman*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

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

(27) Filed *Aug 31, 1916* (28) *H. H. ...* 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.