

## (1) PLACE OF BIRTH

County of CherokeeTownship of Lincolntonor  
Inc. Town of Gaffney S.S. Route 2or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25348

Registration District No. 100.3 Registered No. 10.6  
(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? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 22 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Robert Lee Campbell(9) PRESENT POSTOFFICE OF FATHER Gaffney S.S. Route 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Elyabeth Ruggs(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.S. Route 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S.S.(19) OCCUPATION House work.(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10.22 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Bobo Scruge M.D.

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

Cliffside U.C.

Given name added from a supplemental report

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

(27) Filed Aug 26 1922 (28) J. F. Pritchard 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.