

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of.....

or

City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18746

Registration District No. 22A Registered No. 319

(For use of Local Registrar)

(No. City Hospital St.; 5th Ward)

(2) Full Name of Child

Unborn

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

(3) BOY OR GIRL Y

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Y(7) DATE OF BIRTH June 28, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joshy Taylor Campbell(9) PRESENT POSTOFFICE OF FATHER Greenville SC180 Wright St(10) COLOR OR RACE N(11) AGE AT LAST BIRTHDAY 53

(Years)

(12) BIRTHPLACE SC, N.C.

MOTHER.

(14) NAME BEFORE MARRIAGE Florida Powell(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE N(17) AGE AT LAST BIRTHDAY 42

(Years)

(18) BIRTHPLACE SC.(13) OCCUPATION Sebate worker(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 11:30 M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) A. L. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 7, 1922(28) C. E. Smith 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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