

## (1) PLACE OF BIRTH

County of AndersonTownship of CasserInc. Town of ✓City of ✓

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 204No. 31507Registered No. 315  
(For use of Local Registrar)(No. ✓ of ✓ Ward)

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

(2) Full Name of Child Levin Augustus Campbell(3) SEX OF CHILD Boy (4) Type of Child ✓ (5) Number in order of birth ✓ (6) Age at birth ✓ (7) DATE OF BIRTH March 10 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Levin Augustus Campbell(9) PRESENT RESIDENCE OF FATHER Idra(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 Girl

## MOTHER.

(15) NAME BEFORE MARRIAGE Hattie Latham(16) PRESENT RESIDENCE OF MOTHER Idra S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 29  
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 1 Girl

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at T.P.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.(23) (Signature) C. H. Burtless M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Idra S.C.

Given name added from a supplemental report

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

(27) Dated Dec 9 1923 at Idra S.C.

\*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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