

(1) PLACE OF BIRTH
 County of Anderson
 Township of Pendleton
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
58571

Registration District No. 310 Registered No. 36
 (For use of Local Registrar)

(2) Full Name of Child William Chester Campbell
 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
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF Apr. 9th. 6
 BIRTH (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Luther E. Campbell
 (9) PRESENT POSTOFFICE OF FATHER Pendleton, S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (Years) (12) BIRTHPLACE Anderson Co. S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { Six

MOTHER.
 (14) NAME BEFORE MARRIAGE Ida Rhodes
 (15) PRESENT POSTOFFICE OF MOTHER Pendleton, S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Years) (18) BIRTHPLACE Anderson Co., S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth { Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

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

Physician

Pendleton, S. C.

Given name added from a supplemental report

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Registrar

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

(27) Filed May 1 191 (28) [Signature] 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.

WHILE PLANKS, NEED UNFOLDING INC.—THIS IS A PLANKMAN, SHERBORN, N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.