

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of 1st Dist. Johns

or

Inc. Town of

or

City of

(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

Registration District No. 702

File No.—For State Registrar Only

88562

Registered No. 87

(For use of Local Registrar)

(2) Full Name of Child Bertha Campbell

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

(3) ~~BOY OR~~
GIRL?(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 Nov. 28 1916

BIRTH (Name of Month) (Day) (Year)

(8) FULL
NAMEFATHER. Peter Campbell(9) PRESENT
POSTOFFICE
OF FATHERMoncks Corner(10) COLOR
OR
RACENegro(11) AGE AT LAST
BIRTHDAY22
(Years)

(12) BIRTHPLACE

O.C.

(13) OCCUPATION

Farmer(14) NAME BEFORE
MARRIAGEMOTHER. Catio Lambright(15) PRESENT
POSTOFFICE
OF MOTHERMoncks Corner(16) COLOR
OR
RACENegro(17) AGE AT LAST
BIRTHDAY19
(Years)

(18) BIRTHPLACE

O.C.

(19) OCCUPATION

Housewife(20) Number of children born to
mother, including present birth1(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mon Lambright

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

MidwifeMoncks CornerGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec 28 1916(28) H. G. McComb

(29)

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.