

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia
N. B.
McCaw

(1) PLACE OF BIRTH
County of Greenville
Township of Highland
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43076

Registration District No. 2211 Registered No. _____
(For use of Local Registrar)
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 Ellen Campbell
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 12 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20 1925
(to be answered only in case of twins or triplets)
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Campbell
(9) PRESENT POSTOFFICE OF FATHER Box # 2
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 12

MOTHER.
(14) NAME BEFORE MARRIAGE Jamies Campbell
(15) PRESENT POSTOFFICE OF MOTHER Greer # 3
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was alive at 2 15 P. M. on the date above stated.
(Hour alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. G. M. [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
D. G. M. Campbell

Given name added from a supplemental report
_____, 191____
_____, 191____
_____, 191____
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. H. [Signature]
(27) Filed _____ 191____ (28) _____ 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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