

(1) PLACE OF BIRTH

County of Greenville  
 or  
 Township of Greenville  
 or  
 Inc. Town of Princeton  
 or  
 City of Mill

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

File No.—For State Registrar Only

26405

Registration District No. 7409B Registered No. 266  
 (For use of Local Registrar)  
 (No. 20) Princeton St.; Princeton Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Baby Campbell { If child is not yet named, make supplemental report as directed

3 SEX OR GIRL Girl 4 Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1.30.22  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Wm C Campbell(14) NAME BEFORE MARRIAGE Mary Jones(9) PRESENT POSTOFFICE OF FATHER 20 Rand St Princeton(15) PRESENT POSTOFFICE OF MOTHER 20 Rand St Princeton(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 29 (Years)(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S. C.(18) BIRTHPLACE S. C.(13) OCCUPATION Millwork(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1.20 P.M., 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 [Address]

Given name added from a supplemental report

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

(27) Filed 1.19.22 (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.

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