

Form No. 1

(1) PLACE OF BIRTH

County of Richland  
Township of Low  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**37473**

Registration District No 3803 Registered No. 283  
(For use of Local Registrar)

City of ..... (No. .... 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 Thos. Campbell Jr. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 23, 1923  
(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME Thos. Campbell  
(9) PRESENT POSTOFFICE OF FATHER Lyke...  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE ...  
(13) OCCUPATION ...

MOTHER.

(14) NAME BEFORE MARRIAGE Ann...  
(15) PRESENT POSTOFFICE OF MOTHER ...  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE ...  
(19) OCCUPATION ...

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. ... (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife ...

(Given name added from a supplemental report)

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

(27) Filed 14/9/23 (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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Form No. 1, Columbia, S. C.