

Form No. 1

(1) PLACE OF BIRTH

County of *Colleton*Township of *France*Inc. Town of *Obispo S.C.*

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41855

Registration District No. *1404*Registered No. *16*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Johnny Cambull*

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

(3) BOY OR GIRL <i>boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec 30 1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *James Cambull*(9) PRESENT POSTOFFICE OF FATHER *Obispo S.C.*(10) COLOR OR RACE *Colord* (11) AGE AT LAST BIRTHDAY *28*
(Years)(12) BIRTHPLACE *white hall S.C.*(13) OCCUPATION *laborer*(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Dafney Myers*(15) PRESENT POSTOFFICE OF MOTHER *Obispo S.C.*(16) COLOR OR RACE *Colord* (17) AGE AT LAST BIRTHDAY *23*
(Years)(18) BIRTHPLACE *Obispo S.C.*(19) OCCUPATION *house wife*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or 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 mother)

(27) Filed *Jan 1923* (28) *L.C. Baggett*
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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.