

(1) PLACE OF BIRTH

County of ColumbiaTownship of ShiridanInc. Town of Cottaguth SC

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

File No.—For State Registrar Only

21777

Registration District No. 1409 Registered No. 11

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Luther Campbell

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 26, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Laurie Campbell

(9) PRESENT POSTOFFICE OF FATHER Cottaguth, SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Crawford

(15) PRESENT POSTOFFICE OF MOTHER Cottaguth, SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mariah Tracy(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cottaguth SC

Given name added from a supplemental report

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

(27) Filed Aug 1, 1922 (28) Annie Williams 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.

MARGIN RESERVED FOR BINDING.

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