

(1) PLACE OF BIRTH

County of GreenvilleTownship of City of Greenville

or

Inc. Town of City of Greenville

or

City of Greenville

(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

18841

Registration District No. 2209 B Registered No. 193

(For use of Local Registrar)

(No. 1314 Woodside St.; Ward)

(2) Full Name of Child

Thomas Edward Campbell If child is not yet named, make supplementary report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

May 13 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Edward Campbell

(9) PRESENT POSTOFFICE OF FATHER

Box 1000 Greenville SC

(10) COLOR OR RACE

N.

(11) AGE AT LAST BIRTHDAY

19

(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

separate work

MOTHER.

(14) NAME BEFORE MARRIAGE

St. Peter's Mary Ann Coker

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

N.

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Housewife

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

1

(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 born at 1:33 M. on the date above stated. (Born alive or stillborn) (Hour M. or P.)

(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

May 1

(28)

Local Registrar

19

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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