

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of Sumter

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

(2) Full Name of Child

Lucy Campbell

File No.—For State Registrar Only

28068

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 410Registered No. 135

(For use of Local Registrar)

(3) BOY OR
GIRL?(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH June 23, 1919
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMELeland Moore(9) PRESENT
POSTOFFICE
OF FATHERSumter(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY42
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Miner(20) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGEHarby(15) PRESENT
POSTOFFICE
OF MOTHERSumter SC(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY28
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 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

Given name added from a supplemen-
tal report3/24/45

(26) Witness

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

(27) Filed

Aug 10, 1919

(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.