

County of Lincoln
Township of Lincoln
or
Inc. Town of Lincoln
or
City of Lincoln

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

1702

Registration District No. 284 Registered No. 7
(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 Magen Campbell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 1 82</i>
To be answered only in event of Twins or Triplets				

(8) FULL NAME *William J. Campbell*

9) PRESENT POSTOFFICE OF FATHER *Lancaster Pa*

(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *39*
(Years)

(12) BIRTHPLACE *Cambridge, MA.*

(13) OCCUPATION *Landscaper*

(20) Number of children born to 16

mother, including present birth 5

CERTIFICATE OF ATTENDING

(14) NAME BEFORE MARRIAGE MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER Lane, Mrs. J. E.

(18) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY.....

(18) BIRTHPLACE *Los Angeles*

(19) OCCUPATION Minister

(71) Number of children of this mother 6

now living, including present birth

PHYSICIAN OR MIDWIFE*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was A. L. L. at 7:15 P.M.
on the date above stated. (Born alive or stillborn?) (Home or Hospital?)

(23)	(Signature) <i>Lester Brown</i>	
(24)	State whether Physician or Midwife <i>Midwife</i>	(25) Address of Physician or Midwife <i>Lancaster</i>

Given name added from a supplemental report

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

(70) Encl. 1-16 29 (29) V. T. Thomas

*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.