

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64070

(1) PLACE OF BIRTH
 County of Dillon
 Township of Wheeler
 or
 Inc. Town of Fork S.C. Registration District No. 161.3 Registered No. 80
 City of _____ 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 Mary Kathleen Campbell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Alvin Campbell
 (9) PRESENT POSTOFFICE OF FATHER Fork S.C.
 (10) COLOR OR RACE Caucas (11) AGE AT LAST BIRTHDAY 48 (Years)
 (12) BIRTHPLACE Dillon Co S.C.
 (13) OCCUPATION Day Laborer
 (20) Number of children born to mother, including present birth Eighteen

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lily Lesesue
 (15) PRESENT POSTOFFICE OF MOTHER Fork S.C.
 (16) COLOR OR RACE Caucas (17) AGE AT LAST BIRTHDAY 45 (Years)
 (18) BIRTHPLACE Bladen Co N.C.
 (19) OCCUPATION Day Laborer
 (22) Number of children of this mother now living, including present birth Fourteen

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 A. M., on the date above stated. (How A. M. or P. M.)
 (23) (Signature) W. S. Baker M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fork S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 1 1916 (28) N. N. S. Caldwell 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.

MAINJIN RECEIVED IN THE BUREAU OF VITAL STATISTICS. WITH UNRECORDED INFORMATION. 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.