

1) PLACE OF BIRTH

County of Northampton

Township of .....

Inc. Town of Camden

City of .....

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

2) Full Name of Child Beth Anne

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

Registration District No. 27-a

No. 14521

Registered No. 31  
(For use of Local Registrar)

St. 1 Ward 1

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

3) SEX Boy 4) Type or Triple ✓ 5) Number in order of birth ✓ 6) Age 7/2 7) DATE OF BIRTH 3/12/1942  
(Name of Month) (Day) (Year)

**FATHER.**  
8) FULL NAME Jimmie Ambrose  
9) PRESENT POSTOFFICE OF FATHER Camden S.C.  
10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 21 (Years)  
12) BIRTHPLACE Camden S.C.  
13) OCCUPATION Phone  
14) Number of children born to mother, including present birth 2

**MOTHER.**  
15) NAME BEFORE MARRIAGE Thora Blunt  
16) PRESENT POSTOFFICE OF MOTHER Camden S.C.  
17) AGE AT LAST BIRTHDAY 24 (Years)  
18) COLOR OR RACE W  
19) BIRTHPLACE Camden S.C.  
20) OCCUPATION Housewife  
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 alive at 5 P. M. on the date above stated. (Hour A. M. or P. M.)

23) (Signature) H. Thomas 24) State whether Physician or Midwife Physician 25) Address of Physician or Midwife Camden S.C.

26) Given name added from a supplemental report affid.

27) Witnesses (Signature of Witness necessary only when question 23 is signed by mother) June 1, 1942 28) Local Registrar H. Thomas

29) Registrar 6/19/42

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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