

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephens

Inc. Town of

City of

(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

63267

Registration District No. 706 Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Henry Cambel

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 6, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Philip Cambel(9) PRESENT POSTOFFICE OF FATHER Bonne Aus St(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 15 (Years)(12) BIRTHPLACE Berkley Co(13) OCCUPATION Public work(20) Number of children born to mother, including present birth { one }

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Cambel(15) PRESENT POSTOFFICE OF MOTHER Bonne Aus St(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Berkley Co(19) OCCUPATION Field Hand(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Owens

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wife Bonne Aus St

Given name added from a supplemental report

(26) Witness

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

(27) J. J. Gentry 1916 (28) J. J. Gentry 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.

WRITE PLAINLY, WITH READING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw, of C. M. B. B.