

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephens

or
 Inc. Town of
 or
 City of

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. 706Registered No. 47
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Henry Camble

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)
June 6, 1916

FATHER.

(8) FULL NAME

Philip Camble

(9) PRESENT POSTOFFICE OF FATHER

Bonne Ann St

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

15
(Years)

(12) BIRTHPLACE

Berkley Co

(13) OCCUPATION

Public work

MOTHER.

(14) NAME BEFORE MARRIAGE

Viola Camble

(15) PRESENT POSTOFFICE OF MOTHER

Bonne Ann St

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

16
(Years)

(18) BIRTHPLACE

Berkley Co

(19) OCCUPATION

Field Hand

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

{ one }

(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

Mid wife

(25) Address of Physician or Midwife

Bonne Ann St

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness

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

(27) File No. 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 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.