

## (1) PLACE OF BIRTH

County of *Anderson*Township of *Belton*

Inc. Town of .....

City of .....

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

(2) Full Name of Child *Barbara Ellen Campbell*

(a) SEX F	(b) Type of Birth To be recorded as one of Twin or Triple	(c) Status in order of birth	(d) Is there Mentally Yes	(e) DATE 9th 2-23 (Month of Birth) (Day) (Year)
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**FATHER**

(1) FULL NAME *James Campbell*

(2) STREET ADDRESS OF FATHER *Belton SC*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *37*

(12) OCCUPATION *Belton SC*

(13) *Country & miss*

(14) Number of children born to mother, including present birth *7*

**MOTHER**

(14) FULL NAME *Mary Campbell*

(15) STREET ADDRESS OF MOTHER *Belton SC*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *33*

(18) OCCUPATION *Belton SC*

(19) *Miss*

(20) Number of children born to father, including present birth *7*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (From alive or stillborn) (Month, P. M. or P. M.)

(22) (Signature) *James Campbell*

(23) (Signature) *Mary Campbell*

(24) (Signature) *James Campbell*

(25) (Signature) *Mary Campbell*

(26) (Signature) *James Campbell*

(27) (Signature) *Mary Campbell*

(28) (Signature) *James Campbell*

(29) (Signature) *Mary Campbell*

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(200) (Signature) *James Campbell*