

(1) PLACE OF BIRTH

County of AndersonTownship of Hopewellor
Inc. Town ofor
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

40851

Registration District No. 308 Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Robert Gilbert Campbell If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 13 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Erastus Campbell(9) PRESENT POSTOFFICE OF FATHER Bellton, Rds #3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lee Burgess(15) PRESENT POSTOFFICE OF MOTHER Bellton Rds #3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. L. Upm...

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

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 Dec. 20 1922 (28) J. M. Vandiver 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.

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