

MARGIN RESERVED FOR PRINTING
WHITES PLAINLY, WITH UNPAID INK—THIS IS A REQUIREMENT REQUIRED
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FINGER-PRINT, No. 1, TITLE OFFICIAL, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Campbell
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

2482

Registration District No. Had. 6

Registered No. 5
(For use of Local Registrar)

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

(2) Full Name of Child

Campbell

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

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 23, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eld Campbell

(9) PRESENT POSTOFFICE OF FATHER

Welford S.C. R#2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

49
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

11th time

MOTHER.

(14) NAME BEFORE MARRIAGE

Nannie E. Loftis

(15) PRESENT POSTOFFICE OF MOTHER

Welford S.C. R#2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

43
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

11th time

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature)

T. C. Morrow

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Campbell S.C. R#2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 2, 1922

(28)

C. L. Mayberry
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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