

(1) PLACE OF BIRTH

County of

Township of

or 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

710

86

Registration District No.

Entered No.

(For use of Local Registrar)

St. Ward

(2) Full Name of Child

Wildred Lais Campbell

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

(3) BOY or GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

Feb. 18, 1923

FATHER

(8) FULL NAME

Clarence Arthur Campbell

(9) PRESENT POSTOFFICE OF FATHER

Greenville SC

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY (Years)

29

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Self like work

3

MOTHER

(14) NAME BEFORE MARRIAGE

Katie Pearl Bean

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY (Years)

28

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Housewife

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

3

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at (Hour A. M. or P. M.)

3:30 P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

(28) Date

Feb. 19, 1923

(29) Registrar

(30) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.