

31550

County of Anderson
Township of Waltham
or
the Town of

Registration District No. 3-C

Registered No. 108
(For use of Local Registrar)

City of _____ (No. _____ St. _____ Ward _____)
 _____ (If child is not yet named, make _____)

City of _____ (If birth occurs in a hospital or other institution, give name of institution) _____
 (2) Full Name of Child Nashia Jewell Campbell (If child is not yet named, make supplemental report as directed)

1. SEX OR STATUS <i>Male</i>	2. TYPE or TRAILER <i>Is in contact with the crew of T-100 or T-101</i>	3. NUMBER IN Crew of T-100	4. IN Crew T-100 <i>Yes</i>	5. DATE OF BIRTH <i>1930-30-30</i>	6. NAME of Mother <i>John</i>
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FATHER.

(1) FULL NAME *E. C. Campbell*

(2) PRESENT RESIDENCE OF FATHER *H. Pelzer, S.C.*

(3) COLOR OR RACE *white* (4) AGE AT LAST BIRTHDAY *32* (Years)

(5) BIRTHPLACE *S.C.*

(6) OCCUPATION *Farmer*

(7) NAME BEFORE MARRIAGE *Eliza Poore*

(8) PRESENT RESIDENCE OF MOTHER *Pelzer S.C.*

(9) COLOR OR RACE *white* (10) AGE AT LAST BIRTHDAY *29* (Years)

(11) BIRTHPLACE *S.C.*

(12) OCCUPATION *Domestic*

(13) Number of children of this mother now living, including present child *6*

27. Name of physician or midwife attending birth of mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was John (born alive or stillborn) (Date A. M. or P.) 1914
on the date above stated.

(29) (Signature) C. L. Peyton, M. D.

(30) State whether Physician or Midwife Physician

(31) Address of Physician or Midwife Williamette, O. C.

Given name added from a supplemental report

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

(27) Filed 12-11-25 (28) Lillian Russ Local Registrar

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than the father, householder, etc., should make this return

*When there was no attending physician or midwife, then the father, householder, etc., should certify that 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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