

(1) PLACE OF BIRTH **GERTIFICATE OF BIRTH**
 County of Chatham STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Saville State Board of Health
 or
 Inc. Town of Len do Registration District No. 1106 Registered No. 131
 City of _____ (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. For State Registrar Only
45773

(2) Full Name of Child Mathew Mathew 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? Yes (7) DATE OF BIRTH Jan 22 6
Is answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wm P. Campbell
 (9) PRESENT POSTOFFICE OF FATHER Len do, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Kershaw Co. S.C.
 (13) OCCUPATION mill operator
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Annie Campbell
 (15) PRESENT POSTOFFICE OF MOTHER Len do, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Chatham Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive, at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Mrs. M. J. Bolony
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Len do S C

Given name added from a supplemental report _____ 191_____
 Registrar

(26) Witness J. N. Gust (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1/25 6 (28) J. N. Gust Local Registrar

McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

*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.