

FORM NO. 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

45773

Registration District No. 1106

Registered No. 131

(For use of Local Registrar)

(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?

Take answer only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm P. Campbell

(9) PRESENT POSTOFFICE OF FATHER

Leno, 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

(14) NAME BEFORE MARRIAGE

MOTHER.

Linnie Campbell

(15) PRESENT POSTOFFICE OF MOTHER

Leno, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31 (Years)

(18) BIRTHPLACE

Charter 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. Boling

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife

Leno S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1/25/191

(28)

J. N. Gustafson

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.

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

McCaw, of Columbia

MAILED 10-10-1910
STATE BOARD OF HEALTH
AT THE OFFICE OF THE REGISTRAR OF BIRTHS AND DEATHS, COLUMBIA, S.C.