

(1) PLACE OF BIRTH

County of Charleston

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

10329

Registered No. 18  
(For use of Local Registrar)

(2) Full Name of Child Anna Campbell

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

16

Are Parents Married?

Yes

(7) DATE OF BIRTH

Apr 17 1902

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Sam Campbell

(9) PRESENT POSTOFFICE OF FATHER

Met Pleasant SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Went Union

(13) OCCUPATION

Suburban

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

Four

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Ann

(15) PRESENT POSTOFFICE OF MOTHER

Met Pleasant SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

McEllenville SC

(19) OCCUPATION

House Work

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. J. Brown

(24) Signature of Physician or Midwife

Physician with Pleasant SC

Given name added from a supplemental report

(25) Witness

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

(26) None

(27) None

(28) None

(29) None

(30) None

(31) None

\*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 children before the fifth month of pregnancy.