

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston
Township of Christ Church Parish
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76086

Registration District No. 901 Registered No.
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Maggie Campbell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Sept. 15, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Ben Campbell</u>	(14) NAME BEFORE MARRIAGE <u>Julia Nelson</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>Christ Church Parish</u>	(18) BIRTHPLACE <u>Charleston Co. S.C.</u>
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) X. Emma A. Brown
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Annie Nelson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 15, 1916 (28) J. T. Freeman
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.