

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 **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 County of Charleston
 Township of Christ Church Parish
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
76086

Registration District No. 901 Registered No.
 (For use of Local Registrar)
 St.; Ward)
 (No.)

(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 Ben Campbell

(9) PRESENT POSTOFFICE OF FATHER Mt Pleasant SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Christ Church Parish

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Nelson

(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Charleston Co. S.C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at M., 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 midwife (25) Address of Physician or 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.