

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

or Inc. Town of

City of Charleston S.C.

(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

No. for State Registrar

3220

Registration District No. 9 A Registered No. 319

(For use of Local Registrar)

(No. of President St. Ward)

(2) Full Name of Child Henry Campbell

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth One (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 14 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Campbell(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Cook(14) Number of children born to mother, including present birth Four

MOTHER

(14) NAME BEFORE MARRIAGE Alethia Brown(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Crimson (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE St. Andrew's Parish(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)(22) (Signature) Jane Holman(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife St. Andrew's Parish

Given name child from a supplemental report

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

(26) Filed 2/15 at St. Andrew's Parish Local Registrar

When this form is filled out by a physician or midwife, then the father, householder, etc., should make this return. If a child is born even late, it must be reported as children. No report is desired of stillbirths before the birth month of pregnancy.