

(1) PLACE OF BIRTH

County of Anderson  
Township of Belton  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 500

Registered No. 10  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward)

(2) Full Name of Child Allen Campbell

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

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of mother 24 (7) DATE OF BIRTH Jan 16, 1923

FATHER

(8) FULL NAME W. S. Campbell

(9) PRESENT RESIDENCE OF FATHER Belton SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE Greenville SC

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Beatrice P. Patton

(15) PRESENT RESIDENCE OF MOTHER Belton SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16

(18) BIRTHPLACE Anderson SC

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. R. Haynes

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed "stillborn")

(27) Filed Feb 2 23 (28) 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.

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