

(1) PLACE OF BIRTH
 County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of

File No.—For State Registrar Only
84632

Inc. Town of Registration District No. 4A Registered No. 1250
 or (For use of Local Registrar)
 City of Charleston (No. 37 Walter) 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 Louise, Victoria Campbell If child is not yet named, make supplemental report as directed

(3) SEX OR <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married	(7) DATE BIRTH <u>Nov 30 1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Chas. Nicom Campbell</u>			(14) NAME BEFORE MARRIAGE <u>Junie Martin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>37 Walter Charleston</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Machinist</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

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.) 1:30 P
 (23) (Signature) L. Wilson
 (24) State whether Physician or Midwife Phys 2 (25) Address of Physician or Midwife 377 Muldough

Given name added from a supplement-
 tal report
 101.....
 Registrar

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)
 (27) Filed 11/14/06 (28) J. M. Green, M.D.
 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.

FORM NO. 5
 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.