

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10256

Registration District No. 4008. Registered No. 180
(For use of Local Registrar)

(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 Elizabeth Campbell

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

June 18, 1923

FATHER.

(8) FULL NAME

Will Campbell

(9) PRESENT POSTOFFICE OF FATHER

White Stoul R. 110

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

Laurens County

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Sims

(15) PRESENT POSTOFFICE OF MOTHER

White Stoul R. 110

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

Union County

(19) OCCUPATION

Domestic

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

18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was, June 18, 1923, at 8 A.M., on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

Sarah Miller

(23) Name of Physician or Midwife

Sarah Miller

(24) Address of Physician or Midwife

Mrs. A. M. Allen

Given name added from a supplemental report

(25) Witness

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

(26) Filed July 8, 1923

(27) 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.