

(1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

City of Greenville

(If birth occurs in a hospital or other institution give name of same (name of street and number.) St. .... Ward)

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

File No.—For State Register Only

24518

Registration District No. 229 Registered No. 399

(2) Full Name of Child Francis Herbert Campbell Child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 14 1913  
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER William Campbell

(9) FULL NAME OF MOTHER Louise Campbell

(10) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(11) PRESENT POSTOFFICE OF MOTHER Greenville

(12) COLOR OR RACE Col. (13) AGE AT LAST BIRTHDAY 27 (Years)

(14) COLOR OR RACE Col (15) AGE AT LAST BIRTHDAY 4 (Years)

(16) BIRTHPLACE Greenville, S.C.

(17) BIRTHPLACE Monroeth

(18) OCCUPATION laborer

(19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour 2:15 P. M.)

(23) (Signature) L. J. Johnson

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

(When name added from a supplemental report)

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

(27) Date Aug 31, 1913 (28) C. Smith 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.