

Form No. 1

(1) PLACE OF BIRTH

County of Colleton
 Township of Laurens
 or
 Inc. Town of Jacksonboro
 or
 City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
41856

Registration District No. 1404 Registered No. 16
 (For use of Local Registrar)

City of (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 errail Cambwill { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? boy 4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 5 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jesbarn Cambwill
 9) PRESENT POSTOFFICE OF FATHER Jacksonboro SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)
 12) BIRTHPLACE Jacksonboro SC
 13) OCCUPATION Common Laborer
 20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Miller
 (15) PRESENT POSTOFFICE OF MOTHER Jacksonboro SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Jacksonboro SC
 (19) OCCUPATION Common Laborer
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9. A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

Jan 1923

(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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHEN PLAINLY, WITH UNFADING INK, IN A PERMANENT POSITION, AND MARK THE
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1 THIS OFFICE, No. 2, etc., in question 5.
 STATE OF SOUTH CAROLINA, Columbia, S. C.