

FORM NO. 6.

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 8. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville  
Township of Chickadee  
OR  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.--For State Registrar Only  
**72940**

Registration District No. 2204 Registered No. 864  
(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. Ethie Course ..... } If child is not yet named, make supplemental report as directed

(3) <u>BOY OR GIRL?</u>	(4) <u>Twins or Triplet?</u> <small>To be answered only in case of twins &amp; triplets</small>	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u> <u>3/2</u>	(7) <u>DATE OF BIRTH</u> <u>Aug. 20, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME John Benson Campbell

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE This Country

(13) OCCUPATION Mill work

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Louise Edwards

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE This Country

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) M. J. Brockmeyer  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 9/28 1916 (28) F. H. James  
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.