

Form No. 1.

(1) PLACE OF BIRTH
 County of Dickland
 Township of Lower
 or
 Inc. Town of _____
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Office of Vital Statistics
 State Board of Health

File No. For this Registry
66089

Registration District No. 3803 Registration No. 192
 (For use of Local Authority)

(2) Full Name of Child Wm. Campbell If child is not yet named, make supplemental report as directed.

(1) SEX OF CHILD <u>Male</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1st</u>	(4) Age <u>1 yr</u>	(5) Date of Birth <u>June 15 1918</u>
FATHER:			MOTHER:	
(6) FULL NAME <u>John Campbell</u>			(6) NAME BEFORE MARRIAGE <u>Callie Hanna</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Porter</u>			(7) PRESENT POSTOFFICE OF MOTHER <u>Porter</u>	
(8) COLOR OR RACE <u>Negro</u>	(9) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(8) COLOR OR RACE <u>Negro</u> (9) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(10) BIRTHPLACE <u>SC</u>	(10) BIRTHPLACE <u>SC</u>			
(11) OCCUPATION <u>Farmer</u>	(11) OCCUPATION <u>House</u>			
(12) Number of children born to mother, including present birth <u>2</u>			(12) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(13) I hereby certify that I attended the birth of this child, who was Alive at the date above stated.
 (14) (Signature) James H. Sullivan
 (15) State whether Physician or Midwife (16) Address of Physician or Midwife
Medway EASTOVER

(17) When there was no attending physician or midwife, state name of person who attended and give question as to signature.
 (18) Date June 16 1918

MARGIN RESERVATION FOR BINDER. 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, THIS CHILD, No. 2, etc., in question 3.
 Made at Columbia