

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Braxton  
 OF  
 Inc. Town of.....  
 OF  
 City of.....

## CERTIFICATE OF BIRTH

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

41840

Registration District No. 4444Registered No. 7746  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 4 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Carner Campbell(9) PRESENT POSTOFFICE OF FATHER Edward A. S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Laura Brown(15) PRESENT POSTOFFICE OF MOTHER Edward A. S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Laborer in Farm(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physic or Midwife Edward A. S.C.

Given name added from supplemental report

When there was no doctor or midwife, or when the child was born at home, the mother should make this report.

If a child breathes, it is a sign of life.

(26) Signature of Witness necessary only when question 25 is signed by mark  
W. D. Johnson  
 Local Registrar