

Form No. 1

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74691

(1) PLACE OF BIRTH

County of Spaulding  
Township of Campobelloor  
Inc. Town of

or

City of

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

Registration District No. 40-C Registered No. 139  
(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug 8 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Jackson Harris(9) PRESENT POSTOFFICE OF FATHER Campobello RFD(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Campobello S.C.(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian May Edgerton(15) PRESENT POSTOFFICE OF MOTHER Campobello RFD(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Campobello S.C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth Two(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) R.R. Gibson, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immature

Given name added from a supplemental report.

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

(27) Filed Aug 8 1916 (28) R.R. Gibson 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.