

(1) PLACE OF BIRTH

County of ChesterTownship of Summitor Town of Chester

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

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

88967

Registration District No. 1102 Registered No. 99

(For use of Local Registrar)

(2) Full Name of Child Sallie Soria Cammeron { If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~
GIRL? yes(4) ~~Twins~~
~~or Triplets?~~(5) Number in
order of birth 7(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Nov 29 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Joseph Legie Cammeron(9) PRESENT
POSTOFFICE
OF FATHER Chester R. 4 D. # 4(10) COLOR white (11) AGE AT LAST
OR BIRTHDAY 46
RACE Caucasian (Years)

(12) BIRTHPLACE

Fair Field County(13) OCCUPATION
Farming(20) Number of children born to
mother, including present birth { seven }

MOTHER.

(14) NAME BEFORE
MARRIAGE Sallie Jeffrey Haggauf(15) PRESENT
POSTOFFICE
OF MOTHER Chester R. 4 D. # 4(16) COLOR white (17) AGE AT LAST
OR BIRTHDAY 30
RACE Caucasian (Years)

(18) BIRTHPLACE

same wife Chester R. 4 D. # 4(19) OCCUPATION
H. wife(21) Number of children of this mother
now living, including present birth { seven }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 30 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. B. Condit(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Chester S.C.Given name added from a supplemen-
tal report

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Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec 11 1916 (28) Jess. Hammett
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.a child breathes even once, it must not be reported as stillborn
fifth month of pregnancy.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 5.
McGraw, of Columbia.