

Form No. 1

## (1) PLACE OF BIRTH

County of ColumbiaTownship of Blount

Inc. Town of .....

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 Marjorie Campbell If child is not yet named, make supplemental report as directed

1. BOY OR GIRL? <u>Girl</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Feb 27, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME Cambridge Campbell Jr9. PRESENT POSTOFFICE OF FATHER Round O.C.10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 25  
(Year)12. BIRTHPLACE O.C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 1

## MOTHER.

14. NAME BEFORE MARRIAGE Lessie Coleman15. PRESENT POSTOFFICE OF MOTHER Round O.C.16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 21  
(Year)18. BIRTHPLACE O.C.19. OCCUPATION Domestic21. Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M.,  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Sida Williams(24) State whether Physician or Midwife midwife address of Physician or Midwife Round O.C.

(Given name added from a supplemental report)

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

(26) Book 1 1923 (27) Anna W. Coleman  
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.

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

Bureau of Columbia, Columbia, S. C.

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3525

Registration District No. 1405 Registered No. 1  
(For use of Local Registrar)