

PLACE OF BIRTH
Paris Mountain

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No. For State Registrar Only

4084-a

County of Greenville

Town of Greenville

Bureau of Vital Statistics

State Board of Health

Registration District No. 2208-B

Registered No.

(For use of Local Registrar)

City of Greenville

(No. 12-1112-22)

St.

Ward

FULL NAME OF CHILD Edgar McDonald Campbell

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

Boy or Girl

Boy

If Plural
births

4. Twin, triplet, or other

5. Premature

NOV. Legiti-

6. Date of

8-13-1923

1. Number, in order of birth

Full term

Yes

mate?

Yes

birth

(Month, day, year)

Full
name

FATHER

Tyra Campbell

Residence (usual place of abode)
(If nonresident, give place and State)

South Carolina

16. Full
maiden
name

MOTHER

Winnie Conch

19. Residence (usual place of abode)
(If nonresident, give place and State)

Color or race

White

12. Age at last birthday

30

(Years)

20. Color or race

White

21. Age at last birthday

9

(Years)

Birthplace (city or place)

Hendersonville,

(State or country)

North Carolina

22. Birthplace (city or place)

Anderson,

(State or country)

South Carolina

14. Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc.

Painter

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

Worker for contractor

16. Date (month and year) last
engaged in this work

H. M. Davidson

17. Total time (years)

17

About one year ago

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

Textile worker

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

Poe Mill

25. Date (month and year) last
engaged in this work

May, 1929

26. Total time (years)

10

spent in this work

Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living

5

(b) Born alive but now dead

(c) Stillborn

2

If stillborn,

period of gestation

months
weeks

29. Cause of stillbirth

Unknown

Before labor

1

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

a. m

I hereby certify that I attended the birth of this child, who was

Born alive at 11:30

on the date above stated

(Born alive or stillborn)

(Signed)

Ruth Pruitt

or

Midwife

Midwife

Address

Rt. 1, Perry Road

Greenville, S. C.

Filed

9-15-30

19

Registrar

Registrar