

**(1) PLACE OF BIRTH**  
 County of York  
 Township of Camden  
 or  
 Inc. Town of .....  
 or  
 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

Registration District No. 4001-a File No.—For State Registrar Only 23905  
 Registered No. 74  
 (For use of Local Registrar)

**(2) Full Name of Child** Elsie 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 1 6) Are Parents Married? yes 7) DATE OF BIRTH Jan 26 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Barney Cleveland Campbell</u>	14) NAME BEFORE MARRIAGE <u>Polly Gussell</u>	9) PRESENT POSTOFFICE OF FATHER <u>Lendrum, S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Lendrum, S.C.</u>
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
12) BIRTHPLACE <u>Greenville, S.C.</u>	18) BIRTHPLACE <u>Greenville, S.C.</u>	13) OCCUPATION <u>farmer</u>	19) OCCUPATION <u>housework</u>
20) Number of children born to mother, including present birth <u>11</u>	21) Number of children of this mother now living, including present birth <u>8</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was white at 8:30 P. M., on the date above stated. (Born alive or stillborn) Hour (M. or P. M.)

(23) (Signature) R. G. Christopher  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lendrum, S.C.

Given name added from a supplemental report .....  
 .....  
 ..... 19 .....

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

(27) Filed 8/19 19 22 (28) C. L. Mayberry 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.