

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.  
 FORM 5-C  
 MCGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of  Spartanburg   
 Township of  Campfield   
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No.  4001-a  Registered No.  74   
 (For use of Local Registrar)  
 (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
 23905

(2) Full Name of Child  Edzie Campbell

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

3) BOY OR GIRL  Girl  (4) Twin or Triplet?   (5) Number in order of birth   (6) Are Parents Married?  Yes  (7) DATE OF BIRTH  June 26, 1922   
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 8) FULL NAME  Barren Cleveland Campbell   
 9) PRESENT POSTOFFICE OF FATHER  Henderson, S.C.   
 10) COLOR OR RACE  White  (11) AGE AT LAST BIRTHDAY  36  (Years)  
 12) BIRTHPLACE  Greenville Co., S.C.   
 13) OCCUPATION  Farmer

**MOTHER.**  
 14) NAME BEFORE MARRIAGE  Polly Gussell   
 (15) PRESENT POSTOFFICE OF MOTHER  Henderson, S.C.   
 (16) COLOR OR RACE  White  (17) AGE AT LAST BIRTHDAY  37  (Years)  
 (18) BIRTHPLACE  Greenville Co., S.C.   
 (19) OCCUPATION  Nurse-work

20) Number of children born to mother, including present birth  11  (21) Number of children of this mother now living, including present birth  8

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

(22) I hereby certify that I attended the birth of this child, who was  Girl  at  8:20  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  Henderson, 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.  7

before the fifth month of pregnancy.