

(1) PLACE OF BIRTH

County of Greenville
 Township of Chapin
 OF
 Inc. Town of Camptulice
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Use
24414

Registration District No. 2007 Registered No. 77
 (For use of Local Registrar)

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

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

| | | | | | |
|--|--|-----------------------------|---|--|-------------------------------|
| 1) BOY OR GIRL <u>Girl</u> | 2) Twin or Triplet? To be answered only in event of Twin or Triplet | 3) Number in order of birth | 4) Are Parents Married? <u>Yes</u> | 5) DAY OF BIRTH <u>Aug 27</u> | 6) YEAR OF BIRTH <u>23</u> |
| FATHER. | | | MOTHER. | | |
| 7) FULL NAME <u>Joe Cam</u> | | | 14) NAME BEFORE MARRIAGE <u>Mary Blowe</u> | | |
| 8) PRESENT POSTOFFICE OF FATHER <u>Camptulice SC</u> | | | 15) PRESENT POSTOFFICE OF MOTHER <u>Camptulice SC</u> | | |
| 10) COLOR OR RACE <u>Col</u> | 11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | 16) COLOR OR RACE <u>Col</u> | 17) AGE AT LAST BIRTHDAY <u>25</u> (Years) | |
| 12) BIRTHPLACE <u>SC</u> | | | 18) BIRTHPLACE <u>SC</u> | | |
| 13) OCCUPATION <u>Farming</u> | | | 19) OCCUPATION <u>Housewife</u> | | |
| 20) Number of children born to mother, including present birth <u>One</u> | | | 21) Number of children of this mother now living, including present birth <u>One</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M., on the date above stated. (Born alive or Stillborn Hour M. or P. M.)

(23) (Signature) Colara Davis

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Camptulice SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug. 19 23

W. H. Foster
 Local Registrar

19
 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.

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