

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of

Mount Pleasant, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45623

Registration District No. 9 BRegistered No. 5

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Easter Campbell ANCIAM

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? No(7) DATE OF BIRTH Jan 20

(to be answered only in event of twins or triplets)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Campbell

(9) PRESENT POSTOFFICE OF FATHER

Mount Pleasant, S. C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

McClallanville S.C.

(13) OCCUPATION

Buy Laborer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Anciam

(15) PRESENT POSTOFFICE OF MOTHER

Mount Pleasant, S. C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

McClallanville S.C.

(19) OCCUPATION

Cook

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Amelia X. Simmons

(24) State whether Physician or Midwife

MidwifeMount Pleasant, S. C.

Given name added from a supplemental report

(26) Witness

Leah M. Roberts

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

(27) Filed

Jan 22 1915

(28)

Leah M. Roberts

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.

WRITE MAINLY 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.