

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of Mount Pleasant, S. C.or  
City of .....

## 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 B Registered No. 5  
(For use of Local Registrar)(2) Full Name of Child Easter Campbell ANCIAM (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Gal</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 20</u> (Name of Month) (Day) (Year)
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## 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 McClellanville 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 McClellanville 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 J. Dimmons(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Mount Pleasant, S. C.

Given name added from a supplemental report

(25) Witness Geo. W. Roberts  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 22 1911 (28) Geo. W. 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 IN INK, 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.  
 State of Columbia