

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Murphy
Township of Murphy
or
Inc. Town of Murphy
or
City of N. F. D. #7
(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

File No.—For State Registrar Only
46355

Registration District No. 2-209 Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child Mary Elizabeth 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) Age of Parents Married (7) DATE OF BIRTH Jan 25 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Campbell
(9) PRESENT POSTOFFICE OF FATHER Murphy S. C. N. F. D. #7
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S. C.

MOTHER.

(14) NAME BEFORE MARRIAGE Luth Doan
(15) PRESENT POSTOFFICE OF MOTHER same
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE S. C.

(13) OCCUPATION Electrician Harmon

(19) OCCUPATION same

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Price M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Murphy S. C.

Given name added from a supplemental report

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

(27) Filed 191 (28) J. B. Price M.D. 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.

Registrar J. B. Price M.D. Local Registrar J. B. Price M.D.

*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.