

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child Henry H. Campbell child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 26 22

FATHER.

(8) FULL NAME

Henry H. Campbell

(9) PRESENT POSTOFFICE OF FATHER

Columbia R.T. #3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Richland Co

(13) OCCUPATION

Clerk

(14) NAME BEFORE MARRIAGE

Bernie L. Shannon

(15) PRESENT POSTOFFICE OF MOTHER

Columbia R.T. #3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

Richland Co

(19) OCCUPATION

Housewife

(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 as 7:50 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Anna Miller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

R. Blytheport

Give name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 1 1922 W. A. M. Dean 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.

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