

(1) PLACE OF BIRTH

County of AndersonTownship of Conneror
Inc. Town ofor
City of

(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

63005

Registration District No. 304Registered No. 98

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

James D. Campbell

If 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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James A. Campbell

(9) PRESENT POSTOFFICE OF FATHER

Irva S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21
(Years)

(12) BIRTHPLACE

Anderson County

(13) OCCUPATION

Farming

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie K. Latham

(15) PRESENT POSTOFFICE OF MOTHER

Irva S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Anderson County

(19) OCCUPATION

Housewife

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Irva (Born alive or stillborn). (Hour, M. or P. M.)
on the date above stated.(23) (Signature) J. D. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Irva

Given name added from a supplemental report

..... 191.....

.....
Registrar

(26) Witness

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

(27) Filed

July 1, 1916

(28)

S. M. McAdams
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 PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.

McCaw of Columbia.