

(1) PLACE OF BIRTH.

County of Darlington, S.C.
Township of Fairfield
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 502

No. for State Registrar Only

17355

Registered No. 82
(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 Warren Campbell

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
To be reported only in event of Twin or Triplet

(6) Are
Parents
Married yes

(7) DATE OF
BIRTH June 23, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Ocean Campbell

(9) PRESENT
POSTOFFICE
OF FATHER Harlem S.C.

(10) COLOR
OR
RACE colored (11) AGE AT LAST
BIRTHDAY 32
(Year)

(12) BIRTHPLACE Darlington, S.C.

(13) OCCUPATION Public Health

(14) Number of children born to
mother, including present birth 12

MOTHER.

(14) NAME BEFORE
MARRIAGE Marie Jackson

(15) PRESENT
POSTOFFICE
OF MOTHER Harlem S.C.

(16) COLOR
OR
RACE colored (17) AGE AT LAST
BIRTHDAY 26
(Year)

(18) BIRTHPLACE Darlington, S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother
now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was 36.5 at 5:45 P. M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(22) (Signature) Maydore Sennett

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

Midwife Harlem S.C., S.C.

Given name added from a supplement-
tal report

(25) Witness

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

(26) Filed July 3, 1923 (27) H. M. Kagen
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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