

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or
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

BOARD OF SUPERVISORS

Bureau of Vital Statistics

State Board of Health

File No. - For this year

48597

Registration District No. 12.15

Registered No. 18

Date and of local authority

(2) Full Name of Child

If child is not yet named, mother supplemental report is required

(a) BOY OR
GIRL?

boy

(b) Twin
or triplet?(c) Number in
order of birth(d) Sex
Female
Male?(e) RACE OF
BIRTH

White

FATHER

(a) FULL
NAME

J. S. Campbell

(b) PRESENT
POSTOFFICE
OF FATHER

Ridley S.C.

(c) COLOR
OR
RACE

white

(d) AGE AT LAST
BIRTHDAY

27

(e) BIRTHPLACE

Chestonfield co. S.C.

(f) OCCUPATION

Farmer

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

1

MOTHER

(a) NAME BEFORE
MARRIAGE

Lucy Allen

(b) PRESENT
POSTOFFICE
OF MOTHER

Ridley S.C.

(c) COLOR
OR
RACE

white

(d) AGE AT LAST
BIRTHDAY

29

(e) BIRTHPLACE

Chestonfield co. S.C.

(f) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTESTING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was named as above, and that the facts above stated.

(23) (Signature)

R. S. Campbell

(24) State whether Physician or Midwife

Physician

Physician

Ridley S.C.

Given under my hand and seal of office on this day of month, 1915.

(25) Witness

(Signature of Witness necessary only
when question 22 is signed by midwife)

(26) Date

Feb. 11, 1915

(27) Place

Ridley S.C.

When there was no attending physician or midwife, then the father, householder, etc., should make this return, and a local health officer, even when it must not be reported as stillborn. No report is needed of stillbirth before the fourth month of pregnancy.