

(1) PLACE OF BIRTH

County of

Township of

or

Loc. Town of

or

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

9928

Registration District No. 310

Registered No. 38

(For use of Local Registrar)

St.: Ward)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child

Signes Louise Campbell

(1) SEX OR GIBB

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(Is the second child in result of twinning or triplet?)

(6) PRESENT

Address

DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(7) FULL NAME

(8) PRESENT POSTOFFICE OF FATHER

(9) COLOR OR RACE

(10) BIRTHPLACE

(11) OCCUPATION

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

FATHER.

Name

Present Postoffice

Color or Race

Birthplace

Occupation

Number of children born to mother, including present birth

(13) NAME BEFORE MARRIAGE

(14) PRESENT POSTOFFICE OF MOTHER

(15) COLOR OR RACE

(16) BIRTHPLACE

(17) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 A.M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 18, 1922

(28) H. W. Lemoristo

Local Registrar

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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