

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

File No.—For State Registrar Only  
**3683**

(1) PLACE OF BIRTH  
 County of Chesterfield  
 Township of Ch.  
 or Town of .....  
 or City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1203 Registered No. 19  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth No  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? No (7) DATE OF BIRTH Feb. 3 1912  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (14) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Francis Campbell  
 (15) PRESENT POSTOFFICE OF MOTHER Chesterfield S.C.  
 (16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY (Years) 23 R  
 (18) BIRTHPLACE Chesterfield Co.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 P.M. (Born alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) Mollie Campbell  
 (24) State whether Physician or Midwife Mid. (25) Address of Physician or Midwife

Given name added from a supplemental report.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Registrar

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

(27) Filled Mar. 9 1912 (28) M. S. Watson 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.

\_\_\_\_\_  
 Registrar Local Registrar  
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1912-13-14, case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the SEPARATE BLANKS THE BIRTH PERMANENT RECORD. No. 1. THE OTHER, No. 2, etc., in question 5. No. 2. of Columbia.