

Form No. 8

(1) PLACE OF BIRTH

County of OconeeTownship of Wesley

Sec. Town of

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 304

FILE NO. For State Registrar Only

37031

Registered No. 106
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same, address of street and number.)

(2) Full Name of Child John Campbell

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

(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 3 months (7) DATE OF BIRTH Oct 20 1922
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Carl Campbell(9) PRESENT RESIDENCE OF FATHER Sumner Rd(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE Oconee(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER

(15) NAME BEFORE MARRIAGE Rahlah Moore(16) PRESENT RESIDENCE OF MOTHER Sumner Rd(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 32 (Year)(19) BIRTHPLACE Oconee(20) OCCUPATION unemp(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Give date, month, year A. M. or P. M.)(23) (Signature) J. H. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumner Rd

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is asked in writing)

(27) TIME 11/10/23 (28) Local Registrar J. H. Smith

When there was no attending physician or midwife, then the father, grandfather, etc., should make this report. If a child is born even dead, it must not be reported as stillborn, the report is desired of stillbirths before the fifth month of pregnancy.