

(1) PLACE OF BIRTH
County of Cherokee
Township of

or
Inc. Town of Cheraw
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 20 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jessie Campbell
(9) PRESENT POSTOFFICE OF FATHER Cheraw S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Bennettsville, S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth { 8th

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie McCallum
(15) PRESENT POSTOFFICE OF MOTHER Cheraw, S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Bennettsville, S.C.
(19) OCCUPATION House Keeping
(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 at 12.00 part 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary J. Shreath
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Cheraw S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness J. E. W. ...
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 22 1916 (28) J. E. W. ...
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley, of Columbia.

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

File No.—For State Registrar Only
76300