

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Grove
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

464

Registration District No. 22 Registered No. 7
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ralph 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 13 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Campbell
 (9) PRESENT POSTOFFICE OF FATHER Piedmont # 8
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Greenville Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Collett
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont # 8
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Greenville Co
 (19) OCCUPATION housewife
 (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 Alive at 12 50 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. O. Campbell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Piedmont, S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 29 1916 (28) S. A. Mims 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.