

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)

City of ..... (No. .... St. .... Ward) .....  
(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  
(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

(20) 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) R. D. Campbell

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 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.

THIS SPACE IS TO BE USED FOR A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.