

REGISTERED MARITALS, WITH UNPAID FEE—THIS IS A FURNISHED RECORD. IF YOU HAVE A CHILD, PLEASE PRINT NAME, SEX, DATE OF BIRTH, AND MARK THE APPROPRIATE BOXES. PRINT-BOOK, No. 2, etc., in question 3.

(1) PLACE OF BIRTH
 County of Madison
 Township of Clinton
 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
8987

Registration District No. 3501 Registered No. 12
 (For use of Local Registrar)

(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 Reese Campbell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Bo (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? NO (7) DATE OF BIRTH Feb 18 1922
(Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME James Deane
 (9) PRESENT POSTOFFICE OF FATHER Yorktown SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 19
(Years)
 (12) BIRTHPLACE Madison Co SC
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Marion Campbell
 (15) PRESENT POSTOFFICE OF MOTHER Yorktown SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17
(Years)
 (18) BIRTHPLACE Madison Co SC
 (19) OCCUPATION Farm Hand
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Linnie Griffin
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Yorktown SC

Given name added from a supplemental report

 _____ 19 _____
 Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 18 1922 (28) A. B. O'Neill
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.