

NOTE: In case of stillbirth, No. 2, etc., in question 3, PRINT-BORN, 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)

(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 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? Yes (7) DATE OF BIRTH Feb. 17, 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME James D. Campbell  
 (9) PRESENT POSTOFFICE OF FATHER Clinton SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 19 (Years)  
 (12) BIRTHPLACE Clinton 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 Clinton SC  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17 (Years)  
 (18) BIRTHPLACE Clinton 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 Guffins  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 18, 1922 (28) A. B. G. 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.