

(1) PLACE OF BIRTH

County of 7th PrecinctTownship of 2nd

Inc. Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26015

Registration District No. 2007 Registered No. 79
(For use of Local Registrar)(2) Full Name of Child Woodsey Cameron If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Geo. S. Cameron(9) PRESENT POSTOFFICE OF FATHER Lee S. C. R1(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 52 (Years)(12) BIRTHPLACE Vicksburg(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jones(15) PRESENT POSTOFFICE OF MOTHER Lee S. C. R1(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Vicksburg(19) OCCUPATION wif(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 Born alive at 9 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Walter Cameron(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lee S. C.

Given name added from a supplemental report

(26) Witness.....

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

(27) Filed 19 (28) Walter Carter 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.