

(1) PLACE OF BIRTH

County of SummitTownship of Summit

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

90105

Registration District No. 2209 Registered No. 589

(For use of Local Registrar)

(2) Full Name of Child Leonard Mildred Campbell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>F</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) <u>Married</u> <small>Parent</small>	(7) DATE OF BIRTH <u>Dec 28 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER		MOTHER	
(8) FULL NAME <u>Allen Lee Campbell</u>		(14) NAME BEFORE MARRIAGE <u>John Hendrix Sate</u>	

(9) PRESENT POSTOFFICE OF FATHER <u>Summit S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Summit S.C.</u>	
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(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>Summit County S.C.</u>	(18) BIRTHPLACE <u>Summit County S.C.</u>
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(13) OCCUPATION <u>Mill Work</u>	(19) OCCUPATION <u>Same work</u>
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(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. M. Bussanitt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summit

Given name added from a supplemental report

See Affidavit 4-14-44 191

L.A. Riser, M.D. Registrar

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

(27) Filed Dec 28 1916 (28) a J. M. Bussanitt 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.

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