

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia, S.C.

(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

31905

Registration District No. 38Registered No. 1692
(For use of Local Registrar)(No. Columbia Hospital St.; Ward)(2) Full Name of Child LOUISE SCOTT CAMPBELL

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

XXX

(5) Number in order of birth

XXX

(6) Are Parents Married?

Yes

(7) DATE OF

Sept. 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frederick Scott Campbell

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38

(Year)

(12) BIRTHPLACE

Cambridge Ohio

(13) OCCUPATION

Biological Products

(20) Number of children born to mother, including present birth

one

MOTHER.

Josey

(14) NAME BEFORE MARRIAGE

Miss Hallie Frances A

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(Year)

(18) BIRTHPLACE

Orangeburg S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 12.07 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. M. Lester M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Columbia 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 9/26/1922

(1922)

(28) E. C. Mcgregor

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 FORM IS RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.