

(1) PLACE OF BIRTH

County of Anderson
Township of Centerville

or Inc. Town of

or City of Anderson

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

Registration District No. 3.0.3 Registered No. 6.5

(For use of Local Registrar)

(2) Full Name of Child Louis Campbell

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

3. BOY OR GIRL boy

4. Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept. 17, 22
(Name) (Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Richard Campbell

(14) NAME BEFORE MARRIAGE

Garnette Dodson

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Georgia

(18) BIRTHPLACE

Attains, Texas

(13) OCCUPATION

Mechanic

(19) OCCUPATION

Domestic

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. Singleton Breeden M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19

Registrar

(27) Filed Feb 20 22(28) F. B. CRAYTON

Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., shall sign this certificate. 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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