

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Brushy Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No 342

File No. — For State Registrar Only

10704Registered No. 44  
(For use of Local Registrar)

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

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

(3) GIRL (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH June 29, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Thomas Campbell(9) PRESENT POSTOFFICE OF FATHER Earley S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
(Year)(12) BIRTHPLACE Pickens Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Watson(15) PRESENT POSTOFFICE OF MOTHER Earley S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
(Year)(18) BIRTHPLACE Anderson Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. C. Pepper M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife P.O. Box 5, Earley S.C.

Given name added from a supplemental report

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

(27) Date July 25, 1923 (28) J. R. Nelson 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.

REGISTRAR

Local Registrar.

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