

WRITE 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Chesterfield</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		59249	
Township of <u>Cole Hill</u>		Registration District No. <u>1202</u>		Registered No. <u>20</u>	
Inc. Town of		City of		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child <u>Blanch Geneva Campbell</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(5) Are Parents Married?	(7) DATE OF BIRTH <u>Apr 29</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>Lewis Campbell</u>			(14) NAME BEFORE MARRIAGE <u>Ruby Chapman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cheraw S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cheraw S. C.</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Chesterfield Co. S. C.</u>			(18) BIRTHPLACE <u>Chesterfield Co. S. C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> (Born alive or stillborn) (Born A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>Margie Campbell</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Patrick S. C.</u>					
(26) Witness <u>Lewis Campbell</u>					
(27) Filed <u>May 10 1914</u>					
(28) <u>J. A. Davis</u> Local Registrar					
Given name added from a supplemental report					
....., 191.....					
..... 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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