

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD  
 A. If in case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD and mark the  
 FIRST-BORN No. 1 THIS OTHER, No. 2, etc., in question 6

(1) PLACE OF BIRTH  
 County of Marion  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Indianapolis  
 (If birth occurs in a hospital or other institution, give name 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  
2944

Registration District No. 34 Registered No. 27  
 (For use of Local Registrar)

(2) Full Name of Child William Wallace Campbell child is not yet named, make  
 supplemental report as directed

3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1st 6. Are Parents Married? Yes 7. DATE OF BIRTH Jan. 22, 1922  
 To be answered only in event of Twins or Triplets (Specify of Month) (Day) (Year)

FATHER.			MOTHER.		
8. FULL NAME <u>William Wallace Campbell</u>	14. NAME BEFORE MARRIAGE <u>Anna Scott Vernon</u>		14. NAME BEFORE MARRIAGE <u>Anna Scott Vernon</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Indianapolis</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Indianapolis</u>		15. PRESENT POSTOFFICE OF MOTHER <u>Indianapolis</u>		
10. COLOR OR RACE <u>White</u>	16. COLOR OR RACE <u>White</u>		16. COLOR OR RACE <u>White</u>		
11. AGE AT LAST BIRTHDAY <u>28</u> (Years)	17. AGE AT LAST BIRTHDAY <u>29</u> (Years)		17. AGE AT LAST BIRTHDAY <u>29</u> (Years)		
12. BIRTHPLACE <u>Indianapolis</u>	18. BIRTHPLACE <u>Elbert Co. Ga.</u>		18. BIRTHPLACE <u>Elbert Co. Ga.</u>		
13. OCCUPATION <u>See father</u>	19. OCCUPATION <u>House wife</u>		19. OCCUPATION <u>House wife</u>		
20. Number of children born to mother, including present birth <u>2nd</u>	21. Number of children of this mother now living, including present birth <u>2nd</u>		21. Number of children of this mother now living, including present birth <u>2nd</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John J. Gray (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Camden, SC

Given name added from a supplemental report: \_\_\_\_\_

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

(27) Filed Feb. 10, 1922 J. B. Gray 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, its birth must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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