

(1) PLACE OF BIRTH

County of Charleston
 Township of Campbell
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For State Registrar Only

22541

Registration District No. H.D.-G.Registered No. 97
 (For use of Local Registrar)

(2) Full Name of Child Mark Cary Campbell (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex of mother Female (7) DATE OF BIRTH July 16, 1923
 To be answered only in event of Twin or Triplet

FATHER.
 (8) FULL NAME R. H. Campbell
 (9) PRESENT POSTOFFICE OF FATHER Sumner, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Year)
 (12) BIRTHPLACE Greenville, S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Dovie Cox
 (15) PRESENT POSTOFFICE OF MOTHER Sumner, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Year)
 (18) BIRTHPLACE Henderson Co., N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Dead alive or stillborn) (Day A. M. or P. M.)

(23) (Signature) W. J. Chapman

(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 when question 22 is signed by mark)

(27) Filed

July 20, 1923

(28)

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.