

FILED IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

WRIT N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same 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  
49946

Registration District No. 3602

Registered No. 111  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

10

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 2nd 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ed. J. Campbell

(9) PRESENT POSTOFFICE OF FATHER

Whitman S.C.

(10) COLOR OF RACE

White

(11) AGE AT LAST BIRTHDAY

44 (Years)

(12) BIRTHPLACE

Newberry Co S.C.

(13) OCCUPATION

Mill operative

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Baker

(15) PRESENT POSTOFFICE OF MOTHER

Whitman S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34 (Years)

(18) BIRTHPLACE

Newberry Co S.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 or stillborn on the date above stated.

(23) (Signature)

J. H. Moore M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Whitman S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 3 1916

(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.

Registrar

Local Registrar

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