

WRLI N. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 N. B.—McCaw, of Columbia.  
 cCaw, of

(1) PLACE OF BIRTH

County of Newberry  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of Whitman  
 or  
 City of \_\_\_\_\_

**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)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; \_\_\_\_\_ Ward)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>10</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 3 1916</u>
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 Jessie Baker

(15) PRESENT POSTOFFICE OF MOTHER Whitman S.C.

(16) COLOR OF 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 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Moore  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitman S.C.

Given name added from a supplemental report  
 \_\_\_\_\_ 191\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 3 1916 (28) W. G. Han 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

\*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.