

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

(1) PLACE OF BIRTH

County of Aurora
Township of Wrenner
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33104

Registration District No. 3.13... Registered No. 4.3.....
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Angie Campbell 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH Oct 4 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cecor Matheson
(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R#2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3 (Years)
(12) BIRTHPLACE Anderson S.C.
(13) OCCUPATION Iron Miner

MOTHER.

(14) NAME BEFORE MARRIAGE Julian Campbell
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R#6
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Anderson S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE?

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

(23) (Signature) F. A. Smith

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Anderson 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 Oct 31 22 (28) E. A. Elliot 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.

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