

(1) PLACE OF BIRTH

County of SalisburyTownship of FranklinInc. Town of FranklinCity of Hartsville S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3605

Registration District No. 1476Registered No. 67
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Alvin Campbell

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet <u>-</u> To be answered only in case of Twin or Triplet	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>2/19/23</u> (Name of Month) (Day) (Year)
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FATHER.

8. FULL NAME <u>James L. Campbell</u>	14. NAME BEFORE MARRIAGE <u>Marion Broad</u>
9. PRESENT POSTOFFICE OF FATHER <u>Hartsville S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Hartsville S.C.</u>
10. COLOR OR RACE <u>White</u>	16. COLOR OR RACE <u>White</u>
11. AGE AT LAST BIRTHDAY <u>24</u> (Years)	17. AGE AT LAST BIRTHDAY <u>16</u> (Years)
12. BIRTHPLACE <u>Wilmington Co. S.C.</u>	18. BIRTHPLACE <u>Wilmington Co. S.C.</u>
13. OCCUPATION <u>Farmer</u>	19. OCCUPATION <u>Housewife</u>

MOTHER.

20. Number of children born to mother, including present birth <u>2</u>	21. Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 on the date above stated.
(Hour A. M. or P. M.)(23) (Signature) R. B. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lydia S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Signed Feb 22(28) R. B. Jones

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 birth month of pregnancy.

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