

MARGIN RESERVED FOR BINDING.  
 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 Richland  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Columbia  
 (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  
19969

Registration District No. 389

Registered No. 1470  
 (For use of Local Registrar)

(2) Full Name of Child

Not named 3-m premature (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy

(4) Twin or Triplet? No  
 To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 4, 1932  
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. C. Campbell

(9) PRESENT POSTOFFICE OF FATHER City

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 27  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Government Student

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

MOTHER.

(14) NAME BEFORE MARRIAGE Thera Biggs

(15) PRESENT POSTOFFICE OF MOTHER City

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 19  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wfr

(21) Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive & to the at 7 P.M.  
 on the date above stated. 3-m premature (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) D. M. Matthews M.D.

(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 only when question 23 is signed by mark)

(27) Filed

6-12-32 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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