

REGISTRY.
 IN VALUE OF FIFTY CENTS. TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 CHILDREN. No. 1. THIS OFFICE, No. 2, etc., in question 5.
 REGISTER OF COUSINS, COUSINS, & C.

(1) PLACE OF BIRTH
 County of Union
 Township of
 or
 Inc. Town of
 or
 City of Union
 (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
2650

Registration District No. 42-A Registered No. 13
 (For use of Local Registrar)

(2) Full Name of Child Edgar James Campbell (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1/31/22</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Jeff Campbell</u> (9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u> (10) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>19</u> (12) BIRTHPLACE <u>Union S.C.</u> (13) OCCUPATION <u>Oil & Gas</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Bessie Towles</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u> (16) COLOR OR RACE <u>W</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (18) BIRTHPLACE <u>Anderson S.C.</u> (19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.
 on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) A. N. Montgomery
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement report

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(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2-10-22 (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.

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