

(1) PLACE OF BIRTH

County of AndersonTownship of 1or
Inc. Town of 1or
City of 1

(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

40745

Registration District No. 312 Registered No. 479

(For use of Local Registrar)

(2) Full Name of Child

Leo Campbell

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

(3) ~~BOY OR~~
~~GIRL~~(4) ~~Twins~~
~~or Triplets?~~(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Dec 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMELeah Campbell(9) PRESENT
POSTOFFICE
OF FATHERAnderson(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY23
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mill(20) Number of children born to
mother, including present birthOne

MOTHER.

(14) NAME BEFORE
MARRIAGELeona Furling(15) PRESENT
POSTOFFICE
OF MOTHERAnderson(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY17
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birthOne

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 7:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 19 (28) B. CRAYTON,
Anderson 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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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before the fifth month of pregnancy.