

1) PLACE OF BIRTH

County of Charleston

Dwship of

or

City of Charleston

or

City of Charleston

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

2) Full Name of Child Mildred Campbell

BOY OR GIRL? Boy

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married? yes

7) DATE OF BIRTH Sept. 18, 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Edward Campbell

PRESENT POSTOFFICE OF FATHER Charleston

COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Blackshears Ga.

OCCUPATION Bookkeeper

Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE aretha Tucker

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Newberry SC

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(22) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife 46 Morris St.

(26) Witness

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

(27) Filed

9/16 1923 J. Merrett Green M.D. Local Registrar

Can name added from a supplemental report

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.