

	Prefix		Title/Position	Commander	
Entry ID	First Name	William			
586	Middle Name	D.			
	Last Name	Campbell			
	Institution	John B. Hood Chapter, SCV Camp 50			
PO Box Suite Apt.	P. O. Box 2202				
	Street				
City	State	Zip	Galveston	TX	77553
	Work Phone	409.945.3127	Extension		
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	Contact Type	Genealogy			
	County	Galveston			
School District					
Grade Levels					
Notes					

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Department 2006/07 Flyer Sent Department 2007/08 Flyer Sent

Physical Address

Features

Hours

Archive Hours

Admission Fee 0