

NOTE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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. of Columbia.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

74784

Registration District No. 400

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Caldwell

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet?	(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 May 11, 1916 (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Jesse Caldwell	(14) NAME BEFORE MARRIAGE Jessie Hatch
(9) PRESENT POSTOFFICE OF FATHER Gartenburg N.Y.	(15) PRESENT POSTOFFICE OF MOTHER Gartenburg N.Y.
(10) COLOR OR RACE White	(16) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 34 (Years)	(17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE D.C.	(18) BIRTHPLACE D.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) D. J. Smith M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Edenburg S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Local Registrar