

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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
50451

Registration District No. 4001-a

Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child

Hoy Elizabeth Caldwell

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

(3) BOY OR
GIRL? Girl(4) Twin
or Triplet?

Is he answered under in event of Twins or Triplets

(5) Number in
order of birth

2

(6) Are
Parents
Married?(7) DATE OF
BIRTH

Jan. 17, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

J. O. Caldwell

(9) PRESENT
POSTOFFICE
OF FATHER

Campobello SC

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY

43

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Cotton Warehouseman

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

3

MOTHER.

(14) NAME BEFORE
MARRIAGE

Mabel Wheeler

(15) PRESENT
POSTOFFICE
OF MOTHER

Campobello SC

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY

28

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 1:40 2 P.M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

Geo. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Luman SC

Given name added from a supplement-
tal report

191

Registrar

(26) Witness

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

(27) Filed

Dec 11, 1916

(28)

L. L. Magley

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McCaw of Columbia.