

## (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

20164

Registration District No.

4001-a

Registered No.

53

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

Caldwell

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

10

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Jan 4 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jim Caldwell

(9) PRESENT POSTOFFICE OF FATHER

Campbell

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Vidie Stewart

(15) PRESENT POSTOFFICE OF MOTHER

Campbell

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(Born alive or stillborn) (Hour \* M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

-9-

1922

(28) C. L. Mayberry

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.

S. C.—In case of TWINS OR TRIPLETS USE A SEPARATE REPORT FOR EACH CHILD, AND IN QUESTION 6, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

RECEIVED OF COLUMBIA, S. C.