

(1) PLACE OF BIRTH

County of LexingtonTownship of Saluda

Inc. Town of

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

69424

Registration District No. 3111 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Bertha Rosebelle Caughman If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 28, 1915</u>
				(8) (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME <u>Paul Caughman</u>	(14) NAME BEFORE MARRIAGE <u>Winnie Metz</u>
(10) PRESENT POSTOFFICE OF FATHER <u>Chapin S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chapin S.C.</u>
(11) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>
(12) AGE AT LAST BIRTHDAY <u>30</u>	(17) AGE AT LAST BIRTHDAY <u>36</u>
(13) BIRTHPLACE <u>Lexington Co. S.C.</u>	(18) BIRTHPLACE <u>Lexington Co. S.C.</u>
(14) OCCUPATION <u>Farmer.</u>	(19) OCCUPATION <u>Housewife.</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>6</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Female at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline M. Metz Chapin S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness Essie Fulmer (Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Aug. 7, 1915 (28) Sidney Fulmer 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 stillborns during the first month of pregnancy.

MARGIN RESERVES FOR REINFORCING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PREPARATION TO BE RECORDED.
 M. R.—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 2.

McKen of Columbia