

(1) PLACE OF BIRTH

County of SpartanburgTownship of 1

or

Inc. Town of 1

or

City of 1

(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

2537

Registration District No. 4208 Registered No. 1

(For use of Local Registrar)

(No. 5 St. 1 Ward 1)

(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

5

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 3, 1922

(Month) (Day) (Year)

FATHER.

(8) FULL NAME

R. J. Caldwell, Jr.

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg #5

(10) COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY

41

(Years)

(12) BIRTHPLACE

Spartanburg #5

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Prince

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg #5

(16) COLOR OR RACE

N

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Spartanburg #5

(19) OCCUPATION

House Wife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. O. Coan, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg, S.C.

Given name added from a supplemental report

W. O. Coan

Registrar

(26) Witness

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

(27) File

Jan 20, 1922

(28)

C. F. Parker

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.

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N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

RECEIVED AT COLUMBIA, S. C.