

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 42254	
County of <u>Fairfield</u>		Registration District No. <u>1908</u>		Registered No. <u>61</u> (For use of Local Registrar)	
Township of <u>#7</u>					
Inc. Town of					
City of		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Jesse Caldwell</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec</u> 19 <u>1912</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Will Caldwell</u>			(14) NAME BEFORE MARRIAGE <u>Wolfe Stevens</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Winnabow Ss</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Winnabow Ss</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>17</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Fairfield Ss</u>			(18) BIRTHPLACE <u>Fairfield Co S</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11</u> M., on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Ferni Leach</u>			(25) Address of Physician or Midwife <u>Winnabow Ss</u>		
(24) State whether Physician or Midwife <u>midwife</u>					
Given name added from a supplemental report 19 .. Registrar			(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
			(27) Filed <u>Jan 5</u> 19 <u>22</u> (28) <u>De Ruff</u> <small>Local Registrar</small>		
*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.					