

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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		4397	
Township of <u>Poe Hill</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>22090</u>		Registered No. <u>56</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>35 Third Ave</u> St.; ..... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Eugene Howard 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>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 15 22</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>David H Caldwell</u>			(14) NAME BEFORE MARRIAGE <u>Genie McMiner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>W.</u>			(16) COLOR OR RACE <u>W.</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)		
(12) BIRTHPLACE <u>Acree Co.</u>			(18) BIRTHPLACE <u>Bedmont</u>		
(13) OCCUPATION <u>Mill work.</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at ..... M.					
on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)					
(23) (Signature) <u>Albion Brown</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Greenville</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
.....			(27) Filed <u>Jan 1 22</u> (28) <u>W. H. M.</u> 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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