

(1) PLACE OF BIRTH

County of Newberry

Township of # 2

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

No. for State Registrar Only

18520

Registration District No. 37.40

Registered No. 16  
(For use of Local Registrar)

(4) Full Name of Child

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

(1) SEX OR CHILD Boy (2) Twin or Triplet No (3) Number in order of birth 5 (4) Are Parents Married Yes (5) DATE OF BIRTH June 10 1923  
(Month of Birth) (Day) (Year)

FATHER.  
(6) FULL NAME C. C. Caldwell  
(7) PRESENT POSTOFFICE OF FATHER Newberry SC.  
(8) COLOR OR RACE Black (9) AGE AT LAST BIRTHDAY 23  
(10) BIRTHPLACE Newberry Co. SC.  
(11) OCCUPATION Farming  
(12) Number of children born to mother, including present birth 5

MOTHER.  
(13) NAME BEFORE MARRIAGE Nancy Gorse  
(14) PRESENT POSTOFFICE OF MOTHER Newberry SC.  
(15) COLOR OR RACE Black (16) AGE AT LAST BIRTHDAY 21  
(17) BIRTHPLACE Newberry Co.  
(18) OCCUPATION Farming  
(19) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at Newberry, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Lizzie Rice  
(22) State whether Physician or Midwife (23) Address of Physician or Midwife Newberry S.C. RR 6

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(25) James S. Hoff 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 8th month of pregnancy.