

(1) PLACE OF BIRTH

County of NewberryTownship of # 2or
In Town of.....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

File No.—For State Registrar Only

18520

Registration District No. 34.40 Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child

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

3 SEX OR Boy 4 Twin or Triplet No 5 Number in order of birth 5 6 Are Parents Married Yes 7 DATE OF BIRTH June 10 1923
(Sex of Child) (Date of Birth) (Year) (Month) (Day) (Year)

FATHER.

8 FULL NAME C. C. Caldwell9 PRESENT POSTOFFICE OF FATHER Newberry SC.10 COLOR OR RACE Black 11 AGE AT LAST BIRTHDAY 23
(Year)12 BIRTHPLACE Newberry Co. SC.13 OCCUPATION Farming14 Number of children born to mother, including present birth 6

MOTHER.

14 NAME BEFORE MARRIAGE Nancy Gorse15 PRESENT POSTOFFICE OF MOTHER Newberry SC.16 COLOR OR RACE Black 17 AGE AT LAST BIRTHDAY 21
(Year)18 BIRTHPLACE Newberry Co.19 OCCUPATION Farming20 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive at Newberry M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Lizzie Rice(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Newberry SC. Rm 6

Given name added from a supplemental report

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

(26) Filed July 9 1923 (27) 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 fifth month of pregnancy.