

K O D A K S . A

PLACE OF BIRTH

City of Spartanburg
County of Greenville
Town of Spartanburg
City of Spartanburg

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 10122

Registration District No. 10000-0 Registered No.
(For use of Local Registrar)
(No. Spartanburg Hospital Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child James Caldwell If child is not yet named, make supplemental report as directed

SEX OF CHILD girl (1) Twin or Triplet 2 (2) Number in order of birth 2 (3) Age at Birth 1 year 6 mo 2 (4) DATE OF BIRTH June 6 1922
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jay L. Caldwell</u>	(10) NAME BEFORE MARRIAGE <u>None</u>	(10) NAME BEFORE MARRIAGE <u>None</u>	(10) NAME BEFORE MARRIAGE <u>None</u>
(9) PRESENT RESIDENCE OF FATHER <u>Columbia S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Spartanburg S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Spartanburg S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Spartanburg S.C.</u>
(12) COLOR OR RACE <u>W</u>	(13) COLOR OR RACE <u>W</u>	(13) COLOR OR RACE <u>W</u>	(13) COLOR OR RACE <u>W</u>
(14) BIRTHPLACE <u>S.C.</u>	(14) BIRTHPLACE <u>S.C.</u>	(14) BIRTHPLACE <u>S.C.</u>	(14) BIRTHPLACE <u>S.C.</u>
(15) OCCUPATION <u>Vocational Training</u>	(15) OCCUPATION <u>Housewife</u>	(15) OCCUPATION <u>Housewife</u>	(15) OCCUPATION <u>Housewife</u>
(16) Number of children born to father, including present birth <u>2</u>	(16) Number of children of this mother now living, including present birth <u>2</u>	(16) Number of children of this mother now living, including present birth <u>2</u>	(16) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was White at 11 A.M. on the date above stated. (Sex) (Color) (Hour, M. or P.M.)

(22) (Signature) J. P. ...
(24) State whether Physician or Midwife Physician (23) Address of Physn. or Midwife Spartanburg, S.C.

Was name added from a supplemental report?
By Father
July 20 1922
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 19 (28) 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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