

31577

Registration District No.

Registered No. 1849  
(For use of Local Registrar)

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24, 22  
(Name of Month) (Day) (Year)

**FATHER**

**MOTHER**

8) FULL NAME

(14) NAME BEFORE MARRIAGE *Barbara Ellen*

9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER *Chlor* *S. C.*

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OR RACE *Cal* (17) AGE AT LAST BIRTHDAY *25*  
(Years)

12 BIRTHPLACE

(18) BIRTHPLACE

13. OCCUPATION

(10) OCCUPATION/

20) Number of children born to mother, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alvin at 1-2 M.  
on the date above stated. (Born alive or still born) (Hour of day, A. M. or P. M.)

(23) (Signature) Paul J. Kelly

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

\*\*\*\*\* 19 \*\*\*\*\*  
Registrar

(27) Filed Oct-17-1928 (28) 10-17-1928 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.