

N.B.—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

County of Caldwell
 Township of Jordan
 or
 Inc. Town of Haltoburn
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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

85139

Registration District No. 1429 Registered No. 178
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u> </u>	(4) Twin or Triplet? <u> </u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u> </u>	(7) DATE OF BIRTH <u>Oct-15-1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u> </u>		(14) NAME BEFORE MARRIAGE <u>Winnie Riley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u> </u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Haltoburn S.C.</u>		
(10) COLOR OR RACE <u> </u>	(11) AGE AT LAST BIRTHDAY <u> </u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u> </u>		(18) BIRTHPLACE <u>Caldwell Co</u>		
(13) OCCUPATION <u> </u>		(19) OCCUPATION <u>Homestic</u>		
(20) Number of children born to mother, including present birth <u> </u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Chas. Adams
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Haltoburn S.C.

Given name added from a supplemental report

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

(27) Filed Dec 12 1914 (28) Wm. D. Pugh 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 third month of pregnancy.

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