

(1) PLACE OF BIRTH

County of Dillon

Township of Waltham

or  
In Town of .....

or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17444

Registration District No. 1606 Registered No. 56

(For use of Local Registrar)

(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 Verde Calder

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

3 BOY OR GIRL girl (4) Twin or Triplet  (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 20 23  
(Name of Month) (Day) (Year)

FATHER.  
8 FULL NAME Jasper Calder  
9 PRESENT POSTOFFICE OF FATHER Latta S.C.  
10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Year)  
12 BIRTHPLACE Waltham S.C.  
13 OCCUPATION Farmer  
14 Number of children born to mother, including present birth 1

MOTHER.  
14 NAME BEFORE MARRIAGE Lola Jackson  
15 PRESENT POSTOFFICE OF MOTHER Latta S.C.  
16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
(Year)  
18 BIRTHPLACE Latta S.C.  
19 OCCUPATION Farmer  
20 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. J. ... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 1/12 19 23 (28) W. J. ... 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.