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N. P.
7/14/44
K. 14.

Form No. 3

22 049370

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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 Richland
Township of _____
or
Inc. Town of College Place
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
00589

2. FULL NAME OF CHILD James Caughman { 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 April 27, 22
(Name of Month) (Day) (Year)

FATHER
8. FULL NAME Willie Caughman

9. ADDRESS AT CHILD'S BIRTH College Place

10. COLOR OR RACE Col.
17. AGE AT CHILD'S BIRTH 26
(Years)

12. BIRTHPLACE South Carolina

13. OCCUPATION Farming

20. Number of children born to mother, including present birth 5

MOTHER
14. NAME BEFORE MARRIAGE Bertrude Jackson

15. ADDRESS AT CHILD'S BIRTH College Place

16. COLOR OR RACE Col.
17. AGE AT CHILD'S BIRTH 26
(Years)

18. BIRTHPLACE Stytlewood, S. C.

19. OCCUPATION Housekeeping

21. Number of children by this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at 8 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature Estella Bell midwife

24. State whether Physician or Midwife
25. Address of Physician or Midwife

Given name added from a supplemental report

194 _____

Registrar

26. Witness _____

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

27. Filed July 15, 19 44 28. L. A. Riser, M.D.

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. kh