

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

63294

(1) PLACE OF BIRTH
County of Columbia
Township of Paulina
or
Inc. Town of
or
City ofRegistration District No. 822 Registered No. 75
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

(2) Full Name of Child Albert 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 June 11, 1916
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME James Caldwell
(9) PRESENT POSTOFFICE OF FATHER St. Matthews
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth } 1MOTHER.
(14) NAME BEFORE MARRIAGE Rene Michael
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Housewife
(21) 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 alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Theresa Lawrence
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife St. MatthewsGiven name added from a supplemental report
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Registrar(26) Witness W. R. Rife
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 15, 1916 (28) W. R. Rife
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.

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.
McCaw of Columbia.