

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of # 10

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20878

Registration District No. 1707 Registered No. 23  
(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 Paulen Esther Caldwell If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH July 13, 1923  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Smith Caldwell  
(9) PRESENT POSTOFFICE OF FATHER Wallaceville S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
(12) BIRTHPLACE Fairfield Co. S.C.  
(13) OCCUPATION Linensmith  
(14) Number of children born to mother, including present birth 3MOTHER.  
(14) NAME BEFORE MARRIAGE Carrie Caldwell  
(15) PRESENT POSTOFFICE OF MOTHER Wallaceville S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(18) BIRTHPLACE Fairfield Co. S.C.  
(19) OCCUPATION Farmer  
(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3:00 A. M. or P. M.  
on the date above stated.(23) (Signature) Libert D. Adams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Waller S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. H. Friday  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 23, 1923 (28) E. H. Friday 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.