

(1) PLACE OF BIRTH

County of FairfieldTownship of 1st

In Town of.....

City of.....

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

24320

Registration District No. 1902Registered No. 17
(For use of Local Registrar)

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

(2) Full Name of Child Jessie Caldwell

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

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Was child born living yes (7) DATE OF BIRTH Aug 24 1923
 (Name of child) (Sex) (Year)

FATHER.
 (8) FULL NAME Robert Caldwell
 (9) PRESENT ADDRESS OF FATHER Blackstock, S.C. 12-3
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Fairfield Co.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (15) NAME BEFORE MARRIAGE Bessie Lee
 (16) PRESENT ADDRESS OF MOTHER Blackstock, S.C. 12-3
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 21 (Year)
 (19) BIRTHPLACE Fairfield Co.
 (20) 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 born alive at 2 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betty Hall(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blackstock, S.C. 12-4

Given name added from supplemental report

(26) Witness Mrs L. F. Thacker

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

(27) Filed Aug 30 1923(28) Mrs L. F. Thacker

there was no attending physician or midwife, then the father, householder, etc. should report the child breathes even once, it must not be reported as stillborn. No report is needed before the fifth month of pregnancy.