

(1) PLACE OF BIRTH

County of NewberryTownship of No. 2or
Inc. Town ofor
City of

(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 Margaret Caldwell

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

(3) SEX OF CHILD <u>Female</u>	(4) Twin or Multiple <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of mother <u>24</u>	(7) DATE OF BIRTH <u>24</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Samuel Caldwell</u>	(14) NAME BEFORE MARRIAGE <u>Marie Lindley</u>	(9) PRESENT RESIDENCE OF FATHER <u>Newberry S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Newberry S.C.</u>
(10) COLOR <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(16) COLOR <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>Newberry Co S.C.</u>	(18) BIRTHPLACE <u>Newberry Co S.C.</u>	(13) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>Farm Laborer</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Emilia J. Luby</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Newberry S.C.</u>
(26) Witness <u>B. Cunningham</u>		(27) Filed <u>Am 10</u>
(28) Given name added from a supplemental report <u>19</u>		(29) Local Registrar <u>Wm. R. Puff</u>

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.

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