

FORM NO. 10. MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH ENLARGING INK.—THIS IS A PRELIMINARY 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.
M. McCAY, of Columbia.

(1) PLACE OF BIRTH

County of *Mecklenburg*

Township of

or Inc. Town of

City of *Charlotte*

(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

66147

Registered No. *235*
(For use of Local Registrar)

(2) Full Name of Child

Eric 12 Caldwell

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

(3) ~~Boy~~ OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Jan 14 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

E. E. Edwards

(9) PRESENT POSTOFFICE OF FATHER

Charlotte S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

2 (Years)

(12) BIRTHPLACE

Laurens.

(13) OCCUPATION

Lumber

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Dora Jones

(15) PRESENT POSTOFFICE OF MOTHER

Charlotte S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

L.C.

(19) OCCUPATION

Domestic

(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* at *1 a.m.* on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. P. Brown*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Charlotte S.C.*

Given name added from a supplemental report

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(26) Witness

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

(27) FILED

July 1916

(28)

Jas. Cooper
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.

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