

MARGIN RESERVED FOR BINDING

FORM NO. 7

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 6.

McGraw, of Columbia

(1) PLACE OF BIRTH

County of Charlotte Co.

Township of Davidson Hill

or Town of

City of

(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

40521

Registration District No. 107.....Registered No. 7, 8.....

(For use of Local Registrar)

2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 26 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Caldwell

(9) PRESENT POSTOFFICE OF FATHER Abbeville & Route

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Abbeville Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Mae Gardner

(15) PRESENT POSTOFFICE OF MOTHER Abbeville & Route

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Abbeville Co

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. S. T. M. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville & Route

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Jan. 4, 1924 (28) M. C. Patterson 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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