

(1) PLACE OF BIRTH

County of ClarendonTownship of Concord

or

Inc. Town of

or

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 Carrie Lee Caldwell

File No. - For State Registrar Only

41755

Registration District No. 1302 Registered No. 114
(For use of Local Registrar)(3) BOY OR GIRL? y.(4) Twin or Triplet? no(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Nov 1 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Caldwell(9) PRESENT POSTOFFICE OF FATHER Summit S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S.C. Clarendon(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Lee Ransom(15) PRESENT POSTOFFICE OF MOTHER Summit S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Clarendon, S.C.(19) OCCUPATION Home-work(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Ransom

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from supplemental report.

(26) Witness

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

(27) Filed Dec 24 1922(28) F. C. Ransom Local Registrar

19 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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