

MARGIN RESERVED FOR BINDING.

WEDDED PLAINLY, WITH UNREADABLE INK, THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
PLATE-HOLES, No. 1, THE OTHERS, NO. 2, etc., in question 5.

RECEIVED OR COUNTERSIGNED, D. C. C. B. C.

(1) PLACE OF BIRTH
 County of Auditorium
 Township of Charleston
 Inc. Town of Charleston, S.C.
 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

Registration District No. 39

File No.—For State Registrar Only

190

Registered No. 14
 (For use of Local Registrars)

St. Ward

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

(2) Full Name of Child

Cedewell

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u></u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 1921</u> <small>(Year Month Day Year)</small>
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FATHER

(8) FULL NAME <u>Bronster Caldwell</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Plymouth</u>
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(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>SL.</u>

(13) OCCUPATION <u>me work</u>

(20) Number of children born to mother, including present birth <u>1</u>
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(14) NAME BEFORE MARRIAGE <u>Lillian Crompton</u>

(15) PRESENT POSTOFFICE OF MOTHER <u>Plymouth</u>

(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
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(18) BIRTHPLACE <u>SL.</u>

(19) OCCUPATION <u>done the</u>

(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>W. H. Martin</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>W. H. Martin</u>
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Given name added from a supplemental report

(26) Witness <u>G. H. Lane</u>	(Signature or witness necessary only when question 23 is signed by male)
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(27) File No. <u>190</u>	Local Registrar <u>J. H. Lane</u>
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*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.