

MAKING RESERVATION FOR THE FUTURE. IN THE EVENT OF A CHANGE OF NAME, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF ADDRESS, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF SEX, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF RACE, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF BIRTHPLACE, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF OCCUPATION, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF MARRIAGE, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF PARENTS, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF SIBLINGS, THE REGISTRAR MUST BE NOTIFIED. IN THE EVENT OF A CHANGE OF OTHER INFORMATION, THE REGISTRAR MUST BE NOTIFIED.

(1) PLACE OF BIRTH

County of Marion

Township of _____

or

Inc. Town of Jonesville

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 Gerard Francis Caldwell

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth —

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 27 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm F. Caldwell

(9) PRESENT POSTOFFICE OF FATHER Jonesville, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Cherokee County

(13) OCCUPATION Book Keeper

(14) NAME BEFORE MARRIAGE Sarah Jane Aderson

(15) PRESENT POSTOFFICE OF MOTHER Jonesville, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE Union County

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(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 alive at 5:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. W. Caldwell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 2 1917 (28) O. M. Alexander 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.