

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 5.

(1) PLACE OF BIRTH

County of Greenville  
Township of O'Neal  
OR  
Inc. Town of .....  
OR  
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  
**90143**

Registration District No. 2213 Registered No. 87  
(For use of Local Registrar)  
St.; ..... Ward)

(2) Full Name of Child Edward Romar Caldwell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4<sup>th</sup> 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Edward Romar Caldwell  
(9) PRESENT POSTOFFICE OF FATHER R.#3. Greer S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Spartanburg S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Two

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Nancy Elizabeth Brown  
(15) PRESENT POSTOFFICE OF MOTHER R.#3. Greer S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE O'Neal S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 2:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) David B. Jackson  
(24) State whether Physician or Midwife Practicing Physician (25) Address of Physician or Midwife R.#3. Greer S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 ..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 8 1917 (28) Albert W. News 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.

E. Wallace Registrar (27) Filed Jan 8 1917 (28) Albert W. News Local Registrar

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McGAW OF COLUMBIA, COLUMBIA, S. C.

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