

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**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of Greenville  
 Township of O'Neal  
 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.)

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

File No.—For State Registrar Only  
**90143**

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

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

**FATHER.**  
 (8) FULL NAME Edward Romas 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 AM. 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 .....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 8 1917. (28) Albert W. Neves 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. Neves Local Registrar.  
Clark B. S.

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