

(1) PLACE OF BIRTH
County of Aiken
Township of Wards

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

File No.—For State Registrar Only
31422

Inc. Town of Registration District No. 214 Registered No. 7
(For use of Local Registrar)
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

Ella Louise Caldwell

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

(3) SEX OF CHILD? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 17 25
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Ralph Caldwell
(9) PRESENT POSTOFFICE OF FATHER Batesburg, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Aiken Co., S.C.
(13) OCCUPATION Farmer

MOTHER
(14) NAME BEFORE MARRIAGE Sophie Shalbin
(15) PRESENT POSTOFFICE OF MOTHER Batesburg, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Aiken Co., S.C.
(19) OCCUPATION Housewife

(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 6 P. M., on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) R. E. Jones, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 10, 1923 (28) H. E. K. S. S. S. S. 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.