

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Concord
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

18219

Registration District No. 13.02 Registered No. 54
 (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 Hazel Caldwell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Samuel J. Dow</u>			(14) NAME BEFORE MARRIAGE <u>Mellissin Caldwell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerton S.C.</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Clarendon Co</u>			(18) BIRTHPLACE <u>Clarendon Co</u>	
(13) OCCUPATION <u>Job work</u>			(19) OCCUPATION <u>Friend</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Agnes Caldwell
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerton S.C. R.F.D.

Given name added from a supplemental report

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

(27) Filed July 1, 1922 (28) H. C. Pickney
 Registrar 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

RECEIVED FOR FILED
 BUREAU OF VITAL STATISTICS
 STATE OF SOUTH CAROLINA
 COLUMBIA, S. C.
 THE CLERK, No. 7, etc., in question 5.