

(1) PLACE OF BIRTH

County of Charlotte
Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No.—For State Register Only

16963

828

In. Town or City of Charlotte Registration District No. 8 Registered No. 9 A
(For use of Local Registrar)
(If both occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Baby Caldwell If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11 1923
(Name of Month) (Day) (Year)FATHER
(8) FULL NAME Benjamin Caldwell(9) PRESENT POSTOFFICE OF FATHER Chas(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 50
(Years)(12) BIRTHPLACE Chas(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 3MOTHER
(14) NAME BEFORE MARRIAGE Viola Black(15) PRESENT POSTOFFICE OF MOTHER Chas(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 2
(Years)(18) BIRTHPLACE Chas(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.
(Born alive or stillborn)(22) (Signature) H. R. [Signature]
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Roper Hospital

Given name added from a supplemental report

....., 191....

Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 191 (27) 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.

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