

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36219

## (1) PLACE OF BIRTH

County of Richland

Township of .....

OR  
Inc. Town of .....OR  
City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38aRegistered No. 1833  
(For use of Local Registrar)

## (2) Full Name of Child

Hatter Caldwell

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

(3) Sex

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH 10/14/22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Caldwell

(9) PRESENT POSTOFFICE OF FATHER

Columbia R 704

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

Block Sticks SC

(13) OCCUPATION

Car Driving

(20) Number of children born to mother, including present birth

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Alvario Simon

(15) PRESENT POSTOFFICE OF MOTHER

Columbia R 704

(18) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Bates Buorge SC

(19) OCCUPATION

House Keeping

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3:00 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Celia Brown

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11-51922

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
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.