Form No. 1.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
8055

(1) PLACE OF BIRTH

County of Newberry Co

Township of 9

or

Inc. Town of ..... Registration District No. 3416 Registered No. 33 (For use of Local Reistrar)

or

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? no

(7) DATE OF BIRTH Jan. 15 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Caldwell

(9) PRESENT POSTOFFICE OF FATHER J Newberry S C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Chockman

(15) PRESENT POSTOFFICE OF MOTHER Prosperity S C

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Mr P S Sesler.

(19) OCCUPATION Farming

(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 alive at ..... a.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mollie K Richard

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Prosperity S C R D Box 13

Given name added from a supplemental report

..... , 191...

..... Registrar

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

(27) Filed March 25 1915 (28) W. T. Gibson 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.

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.

McCaw, of Columbia.