

FORM NO. 1.

(1) PLACE OF BIRTH

County of Green
Township of Greenville

or
Inc. Town of

or
City of

Registration District No. Registered No.
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

43026

(2) Full Name of Child Russell Conway

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) DATE OF BIRTH <u>Dec 30 1916</u>
FATHER.		MOTHER.	
(8) FULL NAME <u>John Perry Casey</u>	(14) NAME BEFORE MARRIAGE <u>Frances Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Por mill</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(12) BIRTHPLACE <u>South Carolina</u>	(18) BIRTHPLACE <u>Wadeboro N.C.</u>		
(13) OCCUPATION <u>mill work</u>	(19) OCCUPATION <u>House work</u>		
20) Number of children born to mother, including present birth <u>7</u>	21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a. M. on the date above stated.
(Born alive or stillborn)

(23) (Signature) Mrs. E. J. Fournell

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness A. H. Mackey
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date Jan 11 1916 (28) A. H. Mackey
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.

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 4.
McCaw of Columbia