

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41618

County of ChesterfieldTownship of Adagator

Inc. Town of

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.)

(2) Full Name of Child Henry People Casoman
(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> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 17 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry People(9) PRESENT POSTOFFICE OF FATHER Mc Bee S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY(12) BIRTHPLACE Chesterfield(13) OCCUPATION Farming(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Casoman(15) PRESENT POSTOFFICE OF MOTHER Mc Bee S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19(18) BIRTHPLACE Chesterfield(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 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Annie Dixon(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mc Bee S.C.

Given name added from a supplemental report

(26) Witness

(27) Filed

(28) 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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