

(1) PLACE OF BIRTH

County of Chester Co
 Township of Baconville
 Inc. Town of Ex. at Hall
 or
 City of 7

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

27701

Registration District No. 1.10.2 Registered No. 8.0.....
 (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 Margaret Elizabeth Caskey If child is not yet named, make supplemental report as directed

1 SEX OR GIRL

4 Twin or Triplet

5 Number in order of birth 2
To be answered only in event of Twin or Triplet6 Are Parents Married ye7 DATE OF BIRTH Sept 6 19 25
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Chas J Caskey

9 PRESENT POSTOFFICE OF FATHER

West Falls etc10 COLOR OR RACE w11 AGE AT LAST BIRTHDAY 25
(Years)

12 BIRTHPLACE

Worcester etc

13 OCCUPATION

Farmer

14 Number of children born to mother, including present birth

1 Joe

MOTHER.

14 NAME BEFORE MARRIAGE

Margaret E Caskey

15 PRESENT POSTOFFICE OF MOTHER

West Falls etc16 COLOR OR RACE w17 AGE AT LAST BIRTHDAY 30
(Years)

18 BIRTHPLACE

Baconville etc

19 OCCUPATION

Domestic

20 Number of children of this mother now living, including present birth

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:15 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or 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) Date Oct 1 1925

(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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