CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74825

(1) PLACE OF BIRTH
County of Spartanburg
Township of Woodruff
or
Inc. Town of ..... Registration District No. 4009 Registered No. 99
(For use of Local Registrar)
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** Furman Harold Casey { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Aug. 28, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Lieutenant Boozer Casey	(14) NAME BEFORE MARRIAGE Bessie Sprouse
(9) PRESENT POSTOFFICE OF FATHER Woodruff SC RF#3	(15) PRESENT POSTOFFICE OF MOTHER Woodruff SC RF#3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Spartanburg Co	(18) BIRTHPLACE Laurens Co
(13) OCCUPATION Farmer	(19) OCCUPATION House keeper
(20) Number of children born to mother, including present birth { One	(21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. H. H. Hinkman

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	Woodruff S.C.

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

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

(27) Filed Sept 11 1916 (28) Chas L. Boyter
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.

FORM NO. 6. 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.