

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA		19797	
Township of <u>Central</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>3200</u>		Registered No. <u>117</u>	
or				(For use of Local Registrar)	
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 <u>Gas Franklin Cassen</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joseph Franklin Cassen</u>			(14) NAME BEFORE MARRIAGE <u>Martha Gennie Phillips</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Central S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Central S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:30</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. H. Bearden</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Central S.C.</u>					
Given name added from a supplemental report			(26) Witness .....		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>June 12, 1922</u>		
Registrar			(28) <u>J. H. Bearden</u> 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.					