

(1) PLACE OF BIRTH

County of

Township of

In Town of

City of

(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

36465

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Alva McCaskill

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

(3) SEX OR
REL

Boy

(4) Twin
or triplet?

X

(5) Number in
order of birth

X

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

July 20 1923

FATHER.

(8) FULL
NAME

Al B McCaskill

(9) PRESENT
POSTOFFICE
OF FATHER

Bedford SC Rt 3

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Tennessee

(13) OCCUPATION

Farmer

Number of children born to
mother, including present birth

Two

MOTHER.

(14) NAME BEFORE
MARRIAGE

Bertha Baker

(15) PRESENT
POSTOFFICE
OF MOTHER

Bedford SC Rt 3

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Tennessee

(19) OCCUPATION

Domestic

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was

Alva McCaskill

(Born alive or stillborn)

(Hour A. M. or P. M.)

on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

M.D.

Bedford SC

Given name added from a supplement-
al report

191..

Registrar

(25) Witness

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

(26) Filed

1923

(27)

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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