

MANAGEMENT FOR INNOVATION

**THIS PLATE, WITH UNPAINTED SPACES IN A PREDICTED DESIGN,**  
IS THE BASIS OF WHICH ONE TRANSPLANTED AND SEPARATE PLATE FOR EACH CHILD.

**(1) PLACE OF BIRTH**

County of Ottawa  
Township of Ornamental  
or  
Inc. Town of .....  
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

(2) Name of Guru	(3) Type of Teacher	(4) Number in order of birth
<i>Ramay</i>	Trishas	To be answered only in event of Trishas or Trishas

PATRON

(1) FULL NAME Ernest Cassidy  
(2) PRESENT  
POSITION OR  
OF PATIENT Chef au Sac  
(3) COLOR Black (4) AGE AT LAST  
BIRTHDAY 36  
(years)

*Farmer*

(2) Number of children born to  
.....

### **ART OF**

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

Manufacturing Drawing No. 1201

**3410**

Registered No. ....  
(For use of Local Registrar)

(1) NAME AND ADDRESS	(2) TYPE OF TRAGEDY	(3) Number in order of birth	(4) AGE NUMBER	(5) DATE OF BIRTH (Month, Day, Year)
<i>Bury</i>	To be answered only by agent of Type or Tragedy		<i>1 year</i>	<i>Feb 2, 1923</i>
<b>PATRIOT.</b>				
(6) FULL NAME	<i>Ernesto Cassidy</i>			
(7) PRESENT RESIDENCE OF PATRIOT	<i>Chesaw Sc</i>			
(8) COLOR OR RACE	(9) AGE AT LAST BIRTHDAY.....	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY.....	(12) COLOR OR RACE
<i>Black</i>	<i>36</i>	<i>Black</i>	<i>26</i>	<i>Black</i>
(13) BIRTHPLACE	<i>Sc</i>			
<b>MOTHER.</b>				
(14) NAME, ADDRESS AND NUMBER	<i>Annie Cassidy</i>			
(15) PRESENT RESIDENCE OF MOTHER	<i>Chesaw Sc</i>			
(16) BIRTHPLACE				
<b>FATHER.</b>				
(17) NAME, ADDRESS AND NUMBER	<i>Sc</i>			
(18) PRESENT RESIDENCE OF FATHER	<i>Chesaw Sc</i>			
(19) BIRTHPLACE				
<b>THE OCCUPATION</b>				
<i>Fireman</i>				

*In cooperation*  
*Farm Bureau*

(20) Number of children born to  
mother, including present birth { 4 } (21) Number of children of this mother  
now living, including present birth { 6 }

(20) I hereby certify that I attended the birth of this child, who was . . . alive . . . at . . . 2 p.m.  
on the date above stated.  
(Born alive or stillborn) (Sign A. M. or P. M.)

[View more editions](#)

© 1990 by *Time* Inc.