

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 2.

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 or Town of Ridgely
 or City of _____

CERTIFICATE OF BIRTH

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

No. 30911

Registration District No. 38 Registered No. 129

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Male (4) Type of Union 1 (5) Number in order of birth 6 (6) Age of Mother yes (7) DATE OF BIRTH Oct 27, 23

FATHER.		MOTHER.	
(8) FULL NAME <u>H. H. Kasingale</u>	(10) NAME BEFORE MARRIAGE <u>Essie Nickerson</u>	(9) PRESENT RESIDENCE OF FATHER <u>Plym Co</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Plym Co</u>
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>34</u>	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>29</u>
(14) BIRTHPLACE <u>N.C.</u>	(14) BIRTHPLACE <u>N.C.</u>	(15) OCCUPATION <u>Mill Work</u>	(15) OCCUPATION <u>Domestic</u>
(16) Number of children born to mother, including present one <u>6</u>	(17) Number of children of this mother now living, including present one <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Here child or stillborn) (Date A. M. or P. M.)

(19) (Signature) W. R. Dandy
 (20) Name whether Physician or Midwife (21) Address of Physician or Midwife Plym Co

Given name and date of registration of witness
 (22) Witness W. R. Dandy
 Signature of Witness necessary only when question 23 is signed by mother
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