Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of Eutaw

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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17716

Registration District No. 708 Registered No. 70
(For use of Local Registrar)

(2) Full Name of Child John Casey

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

(3) BOY OR GIRL? —

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 23rd 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawton Casey

(9) PRESENT POSTOFFICE OF FATHER Cross S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Berkeley Co

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Casey

(15) PRESENT POSTOFFICE OF MOTHER Cross S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Berkeley Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Bunney

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Cross S.C.

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed June 27th 1922 (28) D.W. Cross 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.

BOARD OF COMMISSIONERS FOR STATE BENEFICENCE.
WHERE PRACTICABLE, WRITE IN PERMANENT INK IN A HORIZONTAL DIRECTION
N. B.—In case of twins the first born is NUMBERED ONE, etc., in question 5.