

(1) PLACE OF BIRTH

County of Pickens

Township of Casley

Inc. or 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

**12525**

Registration District No. 3702 Registered No. 19  
(For use of Local Registrar)

St. or Ward

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

(2) Full Name of Child

(1) BOY OR GIRL? Boy (c) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 27, 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Warren B. Day

(9) PRESENT RESIDENCE OF FATHER Casley R # 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Laura Gilstrap

(15) PRESENT RESIDENCE OF MOTHER Casley R # 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. J. Salt (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley

Given name added from a supplemental report

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

(27) Filed April 11, 1922 (28) E. G. Wyatt 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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REGISTRATION NO. 3. THIS OFFICIAL MAY BE QUESTIONED BY THE REGISTRAR.