

(1) PLACE OF BIRTH

County of *Summerville*

Township of *Chesapeake*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *2204*

Registered No. *1*  
(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child *William William Casey*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Jan. 6, 1916*  
(Name of Month) (Day) (Year)

To be answered only in case of twins or triplets

FATHER.

MOTHER.

(8) FULL NAME *W. E. Casey*

(14) NAME BEFORE MARRIAGE *Emma McColl*

(9) PRESENT POSTOFFICE OF FATHER *Greer St*

(15) PRESENT POSTOFFICE OF MOTHER *Greer St*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *28*  
(Years)

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *29*  
(Years)

(12) BIRTHPLACE *N. C.*

(18) BIRTHPLACE *N. C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *4*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Blue* at *2 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *F. G. James*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Greer St*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan 6, 1916*

(28) *F. G. James* 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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FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5.

of Columbia

FORM 10 - 1915. (LATEST REVISION FOR 1916.)

THIS FORM, WITH CHANGE IN TITLE, IS A STANDARD FORM.

1. It is to be used only in cases where the child is a first-born.

File No. - For State Registrar Only

46327