

(1) PLACE OF BIRTH

County of Williamburg
 Township of Anderson
 or
 Inc. Town of
 or
 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

44921

Registration District No. H.300 Registered No. 81
 (For use of Local Registrar)

St.; Ward
 City of
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

May Belle Cassleman

(3) BOY OR
 GIRL? Girl

(4) Twin
 or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
 order of birth

(6) Are
 Parents
 Married? Yes

(7) DATE OF
 BIRTH Oct 27
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

James Cassleman

(9) PRESENT
 POSTOFFICE
 OF FATHER

Andrews, SC

(10) COLOR
 OR
 RACE

White

(11) AGE AT LAST
 BIRTHDAY 22
 (Years)

(12) BIRTHPLACE

Lawrence Co. SC

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE
 MARRIAGE

Lottie Cassleman

(15) PRESENT
 POSTOFFICE
 OF MOTHER

Andrews, SC

(16) COLOR
 OR
 RACE

White

(17) AGE AT LAST
 BIRTHDAY 18
 (Years)

(18) BIRTHPLACE

Williamburg Co. SC

(19) OCCUPATION

House Wife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah H. Hamaker

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Andrews, SC

Given name added from a supplement
 report

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

(27) Filed 12-20-1915 (28) A. W. Candler
 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.

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.

McCauley, of Columbia