

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Charleston  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17180

Registration District No. 1107Registered No. 71  
(For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

William W. Cusley

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 June 30 1913  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. W. Cusley  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C. P.O. #4  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 35  
 (Years)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Angie Dixon  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C. P.O. #4  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 25  
 (Years)  
 (18) BIRTHPLACE Franklin, Co.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Cusley(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Charleston S.C. P.O. #4

Given name added from a supplemental report

(26) Witness John W. Cusley

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed July 7 1913 (28) John W. Cusley 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.