

## (1) PLACE OF BIRTH

County of Kershaw  
 Township of .....  
 or  
 Inc. Town of Causey  
 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  
**1859**

Registration District 27-9 Registered No. 5  
 (For use of Local Registrar)

(2) Full Name of Child Curley Causey

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth To be answered only in event of Twins or Triplets 6) Are Parents Married? Yes 7) DATE OF BIRTH Jan 20, 22  
 (Month of Month) (Day) (Year)

## FATHER

8) FULL NAME Tom Causey  
 9) PRESENT POSTOFFICE OF FATHER Causey  
 10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 35  
 (Year)  
 12) BIRTHPLACE AL  
 13) OCCUPATION laborer

## MOTHER

14) NAME BEFORE MARRIAGE Anna Causey  
 15) PRESENT POSTOFFICE OF MOTHER Causey  
 16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 20  
 (Year)  
 18) BIRTHPLACE W Va  
 19) OCCUPATION Housewife  
 20) Number of children born to mother, including present birth 2  
 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 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Elmer Ross  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Causey

Given name added from a supplemental report: .....  
 19 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 21 is signed by mark)  
 (27) Filed Jan 28, 1922 (28) A. R. Johnson 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.

REMARKS: (For use of SEPARATE BLANK FOR EACH CHILD, and with the PHYSICIAN, No. 1, THIS OFFICE, No. 2, etc., in question 8.)