CATE OF BIRTH

al, or economic, in which the
e, not only to the individual b
good business, for they are

n the administration of estates,
d pensions;
to prove the irresponsibility of
crime and misdemeanor, an
criminal code;
in the enforcement of law r
d labor;
to determine the relations of

citizenship in order to obtain a
n the claim for exemption fro
litary service.

a woman whose only occupati
r to Question 24. For a person
ns, as *housekeeper—private famil*

rker," "operative," etc. Find

"factory," "mill," etc. State

es, as *civil engineer, mechanical*
statement of occupation can be
inist, etc. Distinguish carefully
salesman and not a *clerk*.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 22788

(1) PLACE OF BIRTH
County of Union
Township of Union
or Town of .....
or City of Union

Registration District No. 42-A Registered No. 117
(For use of Local Registrar)

(No. Union Mill St.; 4 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... (If child is not yet named, make supplemental report as directed)

(3) Boy or Girl?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth
Boy	To be answered only in event of Twins or Triplets		yes	July 31 1923 (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) Full Name	John B. Caskey	(14) Name before marriage	Ocey Brooks
(9) Present Postoffice of Father	Union S.C.	(15) Present Postoffice of Mother	Union S.C.
(10) Color or Race	White	(17) Age at last birthday (Years)	21
(11) Age at last birthday (Years)	20	(16) Color or Race	White
(12) Birthplace	Union Co. N.C.	(18) Birthplace	Greer S.C.
(13) Occupation	Spooling Cotton Mill	(19) Occupation	Domestic
Number of children born to father, including present birth	one	(21) Number of children of this mother now living, including present birth	one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. P. Salley
(24) State whether Physician or Midwife* M. D.
(25) Address of Physician or Midwife Union S.C.

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

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

(27) Filed 8-10 1923 (28) J. G. Barnett
Local Registrar.

*In 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.

Child died 5 minutes after birth. Not named. J. P. Salley

*In 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.