

(1) PLACE OF BIRTH

County of Stantburg
Township of Woodruff
or
Inc. Town of
or
(City of

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

File No.—For State Registrar Only

53856

Registration District No. 4009 Registered No. 31
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 4 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joseph Casey Jr.
(9) PRESENT POSTOFFICE OF FATHER W. Woodruff St. Rt. #13
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Stantburg County
(13) OCCUPATION
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Wiley Pittsfield
(15) PRESENT POSTOFFICE OF MOTHER Woodruff St. Rt. #13
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Stantburg County
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 1 Sauer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) (27) Filed April 11 1916 (28) Chas. L. Boyter 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.

registrar 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.

IN CASE OF TWINNINGS OR TRIPLETS USE A SEPARATE RETURN FOR EACH CHILD, AND MARK THE CHILD'S POSITION IN THE BIRTH RECORD. IN CASE OF TWINS OR TRIPLETS, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.