

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 6.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

(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

64452

Registration District No. 22.A Registered No. 256

(For use of Local Registrar)

St.; 3 Ward(2) Full Name of Child Majid Casey

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? x (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9 1916
(Name of Month) (Day) (Year)

FATHER (8) FULL NAME Salomon John Casey (14) NAME BEFORE MARRIAGE Seloney Koury

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years) (Years)

(12) BIRTHPLACE Syria (18) BIRTHPLACE Syria

(13) OCCUPATION Merchant (19) OCCUPATION Home

(20) Number of children born to mother, including present birth Four (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. E. Carle(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed June 30 1916 (28) C. E. Smith

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.