

(1) PLACE OF BIRTH

County of Greenville
 Township of
 or
 Inc. Town of
 or
 City of "

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

7022

Registration District No. 22Registered No. 132
 (For use of Local Registrar)

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

(2) Full Name of Child Jessie Louise Cason

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

(3) SEX OR
GIVEN girl(4) Twin
or Triplet(5) Number in
order of birth

To be answered only in event of Twin or Triplet

(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Feb. 15, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Lane Calhoun Cason(9) PRESENT
POSTOFFICE
OF FATHER Greenville, S.C.(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 28
Year(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION lecturer(20) Number of children born to
father, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Jennette Ruth Manly(15) PRESENT
POSTOFFICE
OF MOTHER Greenville, S.C.(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 16
(Year)(18) BIRTHPLACE Williamston, S.C.(19) OCCUPATION H. W.(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 10 A. M.,
 on the date above stated. Hour A. M. or P. M.(23) (Signature) [Signature](24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife

(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Date Mar. 26, 1923(28) [Signature]
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.