

(1) PLACE OF BIRTH

Country of ShershawTownship of Dist. AlbInc. Town of CauseyCity of Causey

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

1858

Registration District No. 27-10Registered No. 4

(For use of Local Registrar)

(No. 1207 Campbell)St. 3 Ward)

2) Full Name of Child.

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

a) SEX girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

June 16 1922

(Month of Month) (Day) (Year)

FATHER.

Full Name

James Causey

Present Postoffice of Father

Causey

Color or Race

Col

(11) AGE AT LAST BIRTHDAY

35 (Years)

(12) BIRTHPLACE

Causey

(13) OCCUPATION

Drayman

Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Perkins

(15) PRESENT POSTOFFICE OF MOTHER

Causey

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Shershaw Co

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 6 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. E. Causey

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Causey

Given name added from a supplemental report

(26) Witness

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

(27) Filed

70 10 22

(28)

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.

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