

Form No. 1

(1) PLACE OF BIRTH

County of Wilkes

Township of John

or

City of John

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City of John

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

12356

Registration District No. 4304

Registeral No. 18

(For use of Local Registrar)

(No. St. Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arthur Casas

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

3. BOY OR GIRL Boy

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married Yes

7. DATE OF BIRTH Mar 20 1923

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Wood Casas

9. PRESENT POSTOFFICE OF FATHER Highway St.

10. COLOR OR RACE Celena

11. AGE AT LAST BIRTHDAY 32

(Year)

12. BIRTHPLACE S.C.

13. OCCUPATION Farming

20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Mary Jones

15. PRESENT POSTOFFICE OF MOTHER Highway St.

16. COLOR OR RACE Celena

17. AGE AT LAST BIRTHDAY 22

(Year)

18. BIRTHPLACE S.C.

19. OCCUPATION Housewife

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 at 9.9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ward Casas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Highway St.

Given name added from a supplemental report

(26) Witness Ward Casas

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

(27) Filed 3/22

1923

(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

SECOND-COLUMBIA, COLUMBIA, S. C.