

PLACE OF BIRTH

County of Charleston
 Township of Northside

City of Charleston

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

No. 15935

Registration District No. 40-a Registered No. 16-36
 (For use of Local Registrar)
 (No. 16-36 - Charleston Hospital)

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

Full Name of Child Russ Jacob Cassin (If child is not yet named, make supplemental report as directed)

1 SEX OR Boy 2 Twin or Triplet No 3 Number in order of birth 1 4 Present Marital Yes 5 DATE OF BIRTH such 2/10/23 (Month) (Day) (Year)

FATHER
 6 FULL NAME W. D. Cassin
 7 PRESENT RESIDENCE OF FATHER Charleston, S.C.
 8 COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 37 (Years)
 9 BIRTHPLACE S.C.
 10 OCCUPATION Farmer
 12 Number of children born to father, including present birth 1

MOTHER
 13 NAME BEFORE MARRIAGE Katie Johnson
 14 PRESENT RESIDENCE OF MOTHER Charleston, S.C.
 15 COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 27 (Years)
 16 BIRTHPLACE S.C.
 18 OCCUPATION Housewife
 19 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) W. D. Cassin (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Charleston, S.C.

Give name address from a supplement (if report) M. B. W.

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. D. Cassin
 (25) Filed 2/10/23 (26) Local Registrar W. D. Cassin

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 required of stillbirths before the fifth month of pregnancy.

Before the fifth month of pregnancy.

..... pregnancy.