

(1) PLACE OF BIRTH

County of UnionTownship of Union

Inc. Town of

City of Union

(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

66492

Registration District No. 42 ARegistered No. 99

(For use of Local Registrar)

(2) Full Name of Child Lucile Cady

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

(3) BOY OR GIRL
Girl

(4) Twin or Triplet?

(5) Number in order of birth
3(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm Cady

(9) PRESENT POSTOFFICE OF FATHER

Union

(10) COLOR OR RACE

Wh(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Iron in Lumber Mill

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Janie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Union

(16) COLOR OR RACE

Whit(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

Knitting Mill Work

(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 5- P M., on the date above stated. (Born alive or stillborn) (Hour and P. M.)

(23) (Signature)

Charles Brawley M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianUnion S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 25 1916 (28)D. S. Sarratt
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.

COLUMBIA I. S. D.

STATE HEALTH OFFICER
BEN F. WYMAN, M.D.

BEFORE SIGNING, READ THE INSTRUCTIONS. WHEN IN A HOSPITAL OR INSTITUTION, FURNISH A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 BIRTH PLACES. WITH UNBORN CHILDREN, FURNISH A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 M. H.—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 5.
 McCaw, of Columbia