

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....or  
City of .....

(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

28463

Registration District No. 22A Registered No. 488

(For use of Local Registrar)

(2) Full Name of Child Wade Edwin Caason Jr. 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 Sept. 23, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wade Edwin Caason(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Greenville, Pa.(13) OCCUPATION Collector(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Eugenia McLeod(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Arlene(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female at 8:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

(When name added from a supplemental report)

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

Date Oct 10, 1923 Local Registrar C. E. Smith

When there was no physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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