

## (1) PLACE OF BIRTH

County of *Jefferson*Township of *Rockingham*

In. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *301*

30001

Registered No. *30001*  
(For use of Local Registrar)

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

(2) Full Name of Child *Casey Hayes*

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

(a) SEX OF CHILD *Girl* (b) AGE OF CHILD *1* (c) DATE OF BIRTH *Sept 14-23*

## FATHER.

(a) NAME *Mrs. Leora Hayes*(b) ADDRESS *Bellin S.C. R.F.D. #2*(c) COLOR *N* (d) AGE *26*(e) OCCUPATION *Farmer*(f) SIGNATURE *FF*

## MOTHER.

(a) NAME *Minnie Mae Casey*(b) ADDRESS *Bellin S.C. R.F.D. #2*(c) COLOR *N* (d) AGE *28*(e) OCCUPATION *Housewife*(f) SIGNATURE *FF*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born *live* on the date above stated.

(23) SIGNATURE *Alfred Smith* (24) ADDRESS OF PHYSICIAN OR MIDWIFE *Bellin S.C.*

Signature of Witness necessary only when children is to be named by birth

Witness *W. Campbell*

When placed, with original in the office of the Registrar, the Registrar shall file a separate blank for each child, and make a copy of the same on the file of the Registrar, No. 1, and on the file of the Registrar, No. 2, etc., in question 2.