

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
49632

(1) PLACE OF BIRTH

County of Laufer STATE OF SOUTH CAROLINA.
Township of Indian Land Bureau of Vital Statistics
State Board of Health

Inc. Town of _____ Registration District No. 2803 Registered No. 30
(For use of Local Registrar)
or _____ (No. _____ St.; _____ Ward)
City of R.F.D. # 2 Ft. Mill S.C. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Thomas Ruden Caskey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jul 5 1966</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME Thomas Milner Caskey

(14) NAME BEFORE MARRIAGE Maude Effie Moses

(9) PRESENT POSTOFFICE OF FATHER R.F.D. # 2 Ft. Mill S.C.

(15) PRESENT POSTOFFICE OF MOTHER R.F.D. # 2 Ft. Mill S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Wickups N.C.

(18) BIRTHPLACE New Fort Mill S.C.

(13) OCCUPATION Former (Carpenter)

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) 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 alive at 5:30 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. M. Patera M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 1966 (28) J. E. Hulet Local Registrar

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.

MARGIN RESERVED FOR PRINTING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 3. McCaw of Columbia