

(1) PLACE OF BIRTH

County of Anderson
 Township of Corner
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

236

Registration District No. 204 Registered No. 6
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR Male (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (6) Are Parents Married ✓ (7) DATE OF BIRTH Jan 20 1923
 To be answered only in event of Twin or Triplet (Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Thos McCaskey
 (9) PRESENT POSTOFFICE OF FATHER Ira S. Q.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE (Years)
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Louise Council
 (15) PRESENT POSTOFFICE OF MOTHER Ira S. Q.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE (Years)
 (19) OCCUPATION House wife
 (20) Number of children born to mother, including present birth 2
 (21) Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1:30 P. M.
 on the date above stated. (Born alive or stillborn) (Hour (M. or P. M.))

(23) (Signature) D. J. Burruss M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ira S. Q.

Given name added from a supplemental report

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

(27) Filed Jan 20 1923 (28) D. H. McAdam Local Registrar

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 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.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.