

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(No. St. Ward ..)

(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

Registration District No. 2804

File No.—For State Registrar Only

35169

Registered No. 205

(For use of Local Registrar)

(2) Full Name of Child Alvin Madison Caskey

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Oct 26 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John M. Caskey(9) PRESENT POSTOFFICE OF FATHER Pancaster S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 41
(Year)(12) BIRTHPLACE Pancaster Co. S.C.(13) OCCUPATION House Clerk(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Pearl Ann(15) PRESENT POSTOFFICE OF MOTHER Pancaster S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35
(Year)(18) BIRTHPLACE Charlefeld Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. S. L. Threlkeld(24) Name of Physician or Midwife Physician(25) Address of Physician or Midwife Pancaster S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 2 is signed by mark)

(27) Filed 11-1

19

(28)

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.

Registrar

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