

When there is a case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston
 or
 Inc. Town of
 or
 City of

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

No. for State Registrar Only
26203

Registration District No. 40-6 Registered No. 124
 (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 David Metcalf Casey

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

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 4, 1923
 (Month of Birth) (Day) (Year)

FATHER.
 (8) FULL NAME D. R. Casey
 (9) PRESENT POSTOFFICE OF FATHER Summerville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
 (Year)
 (12) BIRTHPLACE Anderson Co. S.C.
 (13) OCCUPATION Super. Weaving Cotton Mill
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Julia Metcalf
 (15) PRESENT POSTOFFICE OF MOTHER Summerville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (Year)
 (18) BIRTHPLACE Watts Co. S.C.
 (19) OCCUPATION Housewife
 (20) 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 on the date above stated. (Born alive or stillborn) (Near A. M. or P. M.)

(23) (Signature) W. J. Chapman (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

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 Registrar

(26) Witness (Signature of Witness not required when question 22 is signed by parent)
Aug 15, 1923
 (27) Filed Aug 15, 1923

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.