

(1) PLACE OF BIRTH

County of Lee

Township of

or
Inc. Town of Bishopville

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 80^a

File No.—For State Registrar Only

65132

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Anna Casey

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2 1916

(Note entered only in case of twins or triplets)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Casey

(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Wyzesky S.C.

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Boon

(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Elliott S.C.

(19) OCCUPATION Home Duties

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Heather Dixon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Bishopville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness W.R. Fisher (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 7 1916 (28) Wm. N. J. Loney Sub 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.

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McCraw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.