

## (1) PLACE OF BIRTH

County of Alleghdale  
 Township of 44  
 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  
**2909**

Registration District No. 4600 Registered No. 18  
 (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 James Cass

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 1924  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME James Cass (14) NAME BEFORE MARRIAGE James Cass

(9) PRESENT POSTOFFICE OF FATHER Alleghdale (15) PRESENT POSTOFFICE OF MOTHER Alleghdale

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30  
 (Years) (Years)

(12) BIRTHPLACE SC (18) BIRTHPLACE SC

(13) OCCUPATION Farmer (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 (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 J. Cass at 4 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Turner  
 (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 Feb 28 1924 (28) J. H. Boyd, M.D. 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.

MARGIN RESERVED FOR INDEXING

Form No. 8