

(1) PLACE OF BIRTH

County of Lancaster,.....

Township of Hills Creek,.....

or  
Inc. Town of.....

or  
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Caskey

File No.—For State Registrar Only  
19206

Registered No. 126  
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/28/22 19...  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A.J. Caskey.

(9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C., R#3.

(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Lancaster Co., S.C.

(13) OCCUPATION School Teacher.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Graham.

(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C., R-3.

(16) COLOR OR RACE White. (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Lancaster Co., S.C.

(19) OCCUPATION Housewife.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12.05 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician, Lancaster, S. C.

Given name added from a supplemental report

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

(27) Filed 7-14 1922 (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.

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