

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston No. 4 & Cannon St.

(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

Office of Vital Statistics

State Board of Health

File No. - For State Registrar Only

27477

Registration District No. 9.A Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Theresa Letitia Casey if child is not yet named, make supplemental report as directed

3) BOY OR GIRL

girl

4) Twin or Triplet

-

5) Number in order of birth

3

6) Are Parents Married

Yes

7) DATE OF BIRTH

Sept 8 23

(Name) (Month) (Day) (Year)

FATHER.

8) FULL NAME

Thomas Casey

9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

10) COLOR OR RACE

Black

11) AGE AT LAST BIRTHDAY

30

(Year)

12) BIRTHPLACE

Georgetown, S.C.

13) OCCUPATION

Liner

MOTHER.

14) NAME BEFORE MARRIAGE

Rosea Pickens

15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

16) COLOR OR RACE

Black

17) AGE AT LAST BIRTHDAY

29

(Year)

18) BIRTHPLACE

Charleston, S.C.

19) OCCUPATION

Home Duties

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

Three (3)

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

Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed

9/17 23

J. W. Mercer, Sec'y. in C.
Local Registrar

Given name added from a supplemental report

*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.