

PLACE OF BIRTH

Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19088

County of

Town of

City of

Registration District No. *40-a* Registered No. *269*
(For use of Local Registrar)

(No. *3* Logan St.) (Ward)

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

(1) Full Name of Child *Archy Casey* If child is not yet named, make supplemental report as directed

(2) Sex *Male* (3) Twin or Triplet *No* (4) Stillborn *No* (5) Are Parents Married *Yes* (6) DATE OF BIRTH *6-19-22*
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME *Thomas C. Casey*

(2) PRESENT POSTOFFICE OF FATHER *Spartanburg*

(3) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *39*
(Years)

(4) BIRTHPLACE *S. C.*

(5) OCCUPATION *Painter*

(6) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Howard*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *26*
(Years)

(18) BIRTHPLACE *N. C.*

(19) OCCUPATION *Housework*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* at *7:40 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. E. Cudd* (24) State *South Carolina* (25) Address of Physician or Midwife *Physician Spartanburg, S.C.*

Give name added from a supplemental report

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

(27) Filed *7-1-23* (28) *Gas Copes* Local Registrar

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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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