

1) PLACE OF BIRTH

County of York  
 Township of Fort Mill  
 or  
 Inc. Town of Fort Mill  
 or  
 City of Fort Mill

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 30643

Registration District No. 4406 Registered No. 67  
 (For use of Local Registrar)

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

2) Full Name of Child Ruth E. Caskey If child is not yet named, make supplemental report as directed

3) SEX GIRL 4) Type of Birth ✓ 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH 9/17/23  
 (Name) (Day) (Year)

8) FATHER.  
 9) FULL NAME Leslie Caskey  
 10) PRESENT POSTOFFICE OF FATHER Fort Mill SC  
 11) COLOR OR RACE W 12) AGE AT LAST BIRTHDAY 31 (Years)  
 13) BIRTHPLACE W B

14) NAME BEFORE MARRIAGE Alma Gale  
 15) PRESENT POSTOFFICE OF MOTHER Fort Mill SC  
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 19 (Years)  
 18) BIRTHPLACE SC

19) OCCUPATION Weaver 20) OCCUPATION Two  
 21) Number of children born to mother, including present birth Two 22) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

24) (Signature) Jack R. Folsom 25) State whether Physician or Midwife Physician 26) Fort Mill SC

Given name added from a supplemental report  
Garnie Fairley  
Jan 26 1924  
Registrar

27) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. F. Folsom  
 28) Filed 109-23 29) 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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