Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
7202

(1) PLACE OF BIRTH

County of Greenville

Township of Dunklin

or
Inc. Town of ..... Registration District No. 2205 Registered No. 16
(For use of Local Reistrar)

or
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 Richard Cason } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Mar, 26, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME James Cason	(14) NAME BEFORE MARRIAGE Lola Holliday
(9) PRESENT POSTOFFICE OF FATHER Toney Creek	(15) PRESENT POSTOFFICE OF MOTHER Toney Creek
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Greenville Co	(18) BIRTHPLACE Anderson Co
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth } 3	(21) Number of children of this mother now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. B. Stoddard

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Pelzer

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed .....191.... (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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.