

(1) PLACE OF BIRTH

County of Greenville
 Township of Oneal

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.)
 (No.) (Use of Local Registrar)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

56105

Registration District No. 29.13 Registered No. 85

(2) Full Name of Child Clifford Cantrell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 18, 1930
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Calvin Cantrell

(9) PRESENT POSTOFFICE OF FATHER Taylor, S.C.

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

(12) BIRTHPLACE N.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Hightower

(15) PRESENT POSTOFFICE OF MOTHER Taylor, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1030 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Calvin Cantrell (father)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Taylor, 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 May 8, 1930 (28) Albert W. News 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THIS OTHER, NO. 2, ETC., IN QUESTION 8.

Claw, of Columbia