

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. Paul
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only

6587

Registration District No. 1311Registered No. 16
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child John Cantley 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 Feb 15 '23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Reuben Cantley(9) PRESENT POSTOFFICE OF FATHER St. Paul S.C.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 36
(Year)(12) BIRTHPLACE Clarendon S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Hattie Watson(15) PRESENT POSTOFFICE OF MOTHER St. Paul S.C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE Clarendon S.C.(19) OCCUPATION House wife(20) Number of children born to mother, including present birth 9(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. B. Bennett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. Paul S.C.

Given name added from a supplement-
 tal report

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 Registrar

(26) Witness Mrs. Henry King(27) Filed Feb 28 1923 (28) J. T. V. R. KING, 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.