

Form

# CERTIFICATE OF BIRTH

County of Spartanburg State of SOUTH CAROLINA  
 Township of Campobello Board of Vital Statistics  
 Inc. Town or City of Landrum Board of Health

File No.—For State Registrar Only  
87408

Registration District No. 4001-a Registered No. 91  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Russell Cantrell St.; ..... Ward;  
 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 3rd (6) Are Parents Married? yes (7) DATE OF BIRTH June 16 1916  
 To be answered only in case of Twins or Triplets

FATHER.  
 (8) FULL NAME John Cantrell  
 (9) PRESENT POSTOFFICE OF FATHER Landrum S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE S.C.

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mary Bryant  
 (15) PRESENT POSTOFFICE OF MOTHER Landrum S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House-wife

(13) OCCUPATION Clark in Store  
 (20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at Landrum S.C. on the date above stated.

(23) (Signature) Russell Walden (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Landrum 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 Oct. 19 1916 (28) C. L. May 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.

PREPARED BY THE BUREAU OF VITAL STATISTICS, U.S. DEPARTMENT OF COMMERCE, BUREAU OF CENSUS, WASHINGTON, D.C.  
 FORM NO. 1, THE OTHER, NO. 2, etc., IN QUESTION 5.