

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township Friendship  
 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

41768

Registration District No. 1304 Registered No. 63  
 (For use of Local Registrar)

(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 George Cantey (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 1st 6) Age of Parent 40 7) DATE OF BIRTH Dec 30 22  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
3) FULL NAME <u>Thos Cantey</u>	14) NAME BEFORE MARRIAGE <u>Mary Cantey</u>	15) PRESENT POSTOFFICE OF FATHER <u>Summerton S C</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Summerton S C</u>
10) COLOR OR RACE <u>Col</u>	11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	16) COLOR OR RACE <u>Col</u>	17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
12) BIRTHPLACE <u>Clarendon Co</u>	18) BIRTHPLACE <u>Clarendon Co</u>	19) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Home &amp; Freed</u>
20) Number of children born to mother, including present birth <u>9</u>	21) Number of children of this mother now living, including present birth <u>8</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Emma Greene  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerton S C

Given name added from a supplemental report.....  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Jan 4 23 (28) A. H. R. R. R. Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.