

## (1) PLACE OF BIRTH

County of Orange  
 Township of Regulator  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. For State Registrar Only  
**50047**

Registration District No. 3575 Registered No. 13  
 (For use of Local Registrar)

(2) Full Name of Child Richard Canale D. N. 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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20 1916  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME John L. Dorn

(9) PRESENT POSTOFFICE OF FATHER Westminster SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Edgefield Co SC

(13) OCCUPATION Sup Cotton Mill

(20) Number of children born to mother, including present birth 5

MOTHER  
 (14) FULL NAME Rosa Caneston

(15) PRESENT POSTOFFICE OF MOTHER Westminster SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Jackson Co NC

(19) OCCUPATION Housewife

(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 8 a.m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. M. Walker

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report

..... 181.....

..... Registrar

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

..... 181..... (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.

WARNING: WITH ENCLAVING INK—THIS IS A PREVENTION AGAINST FRAUD.  
 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.