

(1) PLACE OF BIRTH

County of Durham
 Township of Capitay Creek
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

File No.—For State Registrar Only
37833

Registration District No. 4-1-0-6 Registered No. 88
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eloise Cantley If child is not yet named, make supplemental report as directed

(3) SEX OR GULY <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet <u>2</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 7</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Willie Cantley</u>	(14) NAME BEFORE MARRIAGE <u>Winnah Borden</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Hamlet S.C.</u>	(18) BIRTHPLACE <u>Hamlet S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Winnah Borden
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

(27) Filed Nov. 16 1923 (28) J. H. C. 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.