

MADE IN U.S.A. REGISTERED FOR BIRTH RECORDS. WHEN FATHER'S NAME IS KNOWN, IT IS A REQUIREMENT THAT THE CHILD BE REGISTERED WITHIN 10 DAYS OF BIRTH. IF THE CHILD IS BORN IN A HOSPITAL, THE HOSPITAL WILL REGISTER THE CHILD. IF THE CHILD IS BORN AT HOME, THE FATHER OR MOTHER MUST REGISTER THE CHILD. IF THE CHILD IS BORN IN A HOSPITAL, THE HOSPITAL WILL REGISTER THE CHILD. IF THE CHILD IS BORN AT HOME, THE FATHER OR MOTHER MUST REGISTER THE CHILD. IF THE CHILD IS BORN IN A HOSPITAL, THE HOSPITAL WILL REGISTER THE CHILD. IF THE CHILD IS BORN AT HOME, THE FATHER OR MOTHER MUST REGISTER THE CHILD.

(1) PLACE OF BIRTH

County of Claydon  
Township of St. Mark  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41788

Registration District No. 1910

Registered No. HT  
(For use of Local Registrar)

City of ..... (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 Salomon 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 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 1 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Eugene Cantey</u>	14) NAME BEFORE MARRIAGE <u>Susan Cantey</u>	9) PRESENT POSTOFFICE OF FATHER <u>Wilson S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Wilson S.C.</u>
10) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	16) COLOR OR RACE <u>Black</u>	17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
12) BIRTHPLACE <u>S.C.</u>	18) OCCUPATION <u>Farming</u>	19) BIRTHPLACE <u>S.C.</u>	20) OCCUPATION <u>Housewife</u>
20) Number of children born to mother, including present birth <u>8</u>	21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lidell Conyon  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wilson S.C.

Given name added from a supplemental report: .....  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Spott  
(27) Filed Dec 18 1922 (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.