

PLACE OF BIRTH

City of Charleston

Township of _____

or

City of CharlestonFULL NAME OF CHILD William P. Cantrell, 3rdStandard Certificate of Birth
STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of HealthRegistration District No. 4a

FILE No. For State Register Only

27505-ARegistered No. 1988

(For use of Local Registrar)

(If birth occurs in hospital or other institution, give name of institution of record and parent's name)

(If child is not yet named, make supplemental report as directed)

Day or Girl ☒ 11. Plural birth ☐ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Are parents married? ☒ 8. Date of birth Sept 2nd 1923
 5. Number, in order of birth _____ Full term ☒ (Month, day, year)

FATHER
Full name William P. Cantrell, Jr.Residence (usual place of abode)
(If non-resident, give place and State) # 64 Path StColor or race white 12. Age at last birthday 35 (Years)Birthplace (city or place) Charleston
(State or country) _____14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent of Collections15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Don Bell Hat & Tailor16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 18 yrsMOTHER
18. Full maiden name Rose Frances Mayagan19. Residence (usual place of abode)
(If non-resident, give place and State) 64 Path St20. Color or race white 21. Age at last birthday 24 (Years)22. Birthplace (city or place) Danvers
(State or country) West Hamp.23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 2 yrsNumber of children of this mother
(At time of this birth and including this child) / (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____If stillborn, period of gestation _____ { months weeks } 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3A on the date above stated.
(Born alive or stillborn)

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

(Signed) Daniel R. Marner, M. D.

or _____ Midwife

Give name added from a supplemental report _____
(Date of) _____Address 187 Beekman StFiled 5-18, 1935 Ch. Reg. & Sub. & Rec.