

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. Francis
 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

6579

Registration District No. 1309 Registered No. 12.....
 (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 Elvie Cantley..... If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Date of Birth Feb 28-23 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28-23
 To be completed only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Herb Cantley</u>	(14) NAME BEFORE MARRIAGE <u>Elvie Morris</u>	(11) PRESENT POSTOFFICE OF FATHER <u>Summerton S.C. Route (1)</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summerton S.C.</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Clarendon S.C.</u>	(18) BIRTHPLACE <u>Clarendon S.C.</u>	(19) OCCUPATION <u>Job work</u>	(20) OCCUPATION <u>Home</u>
(21) Number of children born to father, including present birth <u>3</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 Elvie at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife (24) State of South Carolina (25) Address of Physician or Midwife Summerton S.C. Route (1)

Given name added from a supplemental report

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

(27) Date Mar 20-23 (28) Local Registrar F. E. Rabbey

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.