

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Jeffries  
 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

42373

Registration District No. 2007 Registered No. 90  
 (For use of Local Registrar)

(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 Henry Cane 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 June 30, 1922  
 (Signs of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Cane  
 (9) PRESENT POSTOFFICE OF FATHER Marble Bluff  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Leather Shaker  
 (15) PRESENT POSTOFFICE OF MOTHER Marble Bluff  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Cane  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clawson St

Given name added from a supplemental report

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

(27) Filed 1/10 1923. (28) Frank Davis 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.