

Form No. 3

PLACE HERE

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

No. — For State Register  
**3788**

County of **Marion**

City of **Florence**

Street of **St. Louis**

Registration District No. **209 W. Street**

Registered No. **57**  
 (For use of Local Registrar)  
 St. Ward

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

1) Full Name of Child **Charlotte Cantey**

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

2 SEX OR GENDER **girl** 3 Date or Time of Birth **Feb 4 23** 4 Age of Mother **40** 5 DATE OF BIRTH (Name of Month) (Day) (Year)

**FATHER:**  
 6 FULL NAME **Eugene Cantey**  
 7 PRESENT RESIDENCE OF FATHER **Florence**  
 8 COLOR OR RACE **colored** 9 AGE AT LAST BIRTHDAY **29**  
 10 BIRTHPLACE **Camden, S.C.**  
 11 OCCUPATION **Painter**  
 12 Number of children born to mother, including present birth **4**

**MOTHER:**  
 13 NAME BEFORE MARRIAGE **Almona Scott**  
 14 PRESENT RESIDENCE OF MOTHER **Florence**  
 15 COLOR OR RACE **colored** 16 AGE AT LAST BIRTHDAY **26**  
 17 BIRTHPLACE **Florence**  
 18 OCCUPATION **domestic**  
 19 Number of children of this mother now living, including present birth **4**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was **born alive** at **4:30 P.M.** on the date above stated.

(21) (Signature) **Rachel Bush**  
 (22) State where Physician or Midwife is Licensed **484 W. 8th Street S.C.**  
 (23) Address of Physician or Midwife

Other name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
**Sept 9 1923 P.H. Bush**

When there was no attending physician or midwife, the birth should be reported on this form. No report is required if the child is stillborn or if the mother is deceased.