

(1) PLACE OF BIRTH

County of *Charleston*  
 Township of *Jafferson*  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**89084**

Registration District No. *100* Registered No. *75*  
 (For use of Local Registrar)

(2) Full Name of Child ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? ..... (4) Twin or Triplet? ..... (5) Number in order of birth *8* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov. 10 1916*  
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME *William R. Cantor*  
 (9) PRESENT POSTOFFICE OF FATHER *Jafferson*  
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (Years)  
 (12) BIRTHPLACE *S.C.*  
 (13) OCCUPATION *Farmer*  
 (20) Number of children born to mother, including present birth } *Eight*

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE *Lilly Snipes*  
 (15) PRESENT POSTOFFICE OF MOTHER *Jafferson*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36* (Years)  
 (18) BIRTHPLACE *S.C.*  
 (19) OCCUPATION *Housewife*  
 (21) Number of children of this mother now living, including present birth } *Six*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4-10 a* ..... M., on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature) *[Signature]*  
 (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife *Jafferson*

Given name added from a supplemental report ..... 191.....  
 ..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *Jan 6 1917* (28) *D. P. Beacham* 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.

FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.  
 TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 McChw. of Columbi.