

## (1) PLACE OF BIRTH

County of Spaulding

Township of .....

or  
Inc. Town of Aspenor  
City of .....

(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

91907

Registration District No. 4008Registered No. 744

(For use of Local Registrar)

2) Full Name of Child Florence Ruby Cantrell

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

(3) ~~SEX~~ OR  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH December 19

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME John Thomas Cantrell(9) PRESENT  
POSTOFFICE  
OF FATHER Spaulding SC(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 45

(Years)

(12) BIRTHPLACE North Carolina(13) OCCUPATION None(20) Number of children born to  
mother, including present birthNine (9)

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Florence Wilson(15) PRESENT  
POSTOFFICE  
OF MOTHER Spaulding SC(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 41

(Years)

(18) BIRTHPLACE North Carolina(19) OCCUPATION Wife(21) Number of children of this mother  
now living, including present birthEight (8)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. W. Bay

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)7/13/45J. P. Lissner

Registrar

Filed Dec 24 1916

(28)

E. F. Parker

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.

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McCauley, of Columbia.  
FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.  
TWIN OR TRIPLET, No. 1. THIS OTHER, No. 2, etc., in question 5.