

(1) PLACE OF BIRTH

County of ..Charleston.....

Township of ..Charleston.....

Inc. Town of ..Charleston..

City of ..Charleston..

(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

75999

Registration District No. 9A Registered No. 983

(For use of Local Registrar)

(No. 167, Calhoun St. St.; Ward)

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

(3) BOY OR GIRL? Male

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 16, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William John Cantwell

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Machinist

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Cleo Victoria Cantwell

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife.

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..Alive... at ..7.30..... P. M., on the date above stated, (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..C. L. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name signed from a supplemental report

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

(27) Filed 9/19/16 (28) 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.