

(1) PLACE OF BIRTH

County Clarendon
 Township of St. James
 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

6578

Registration District No. 309 Registered No. 14
 (For use of Local Registrar)

City of (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 Sarah Canty

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

(3) SEX Female (4) TIME OF TRIPLER 2 (5) NUMBER IN ORDER OF BIRTH 2 (6) AGE 35 (7) DATE OF BIRTH Feb 28 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Herb Canty
 (9) PRESENT POSTOFFICE OF FATHER Summerton SC 44
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Job Work
 (20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Elsie Morris
 (15) PRESENT POSTOFFICE OF MOTHER Summerton SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Clarendon Co
 (19) OCCUPATION Home
 (21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Elsie 5-30 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lutwidge Simon(24) State Physician or Midwife(25) Address of Physician or Midwife Summerton SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 24 1923

(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.