

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Walterburg

Inc. Town of .....

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

20323

Registration District No. 4-66 Registered No. 50  
(For use of Local Registrar)

## (2) Full Name of Child

Alma Cantey

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

3 BOY OR GIRL <u>Girl</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets <u>1</u>	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 6, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Alma Cantey(9) PRESENT POSTOFFICE OF FATHER Walterburg S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Williams(15) PRESENT POSTOFFICE OF MOTHER Walterburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## 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) Marion Chappell(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Walterburg S.C.

Given name added from a supplemental report

(26) Witness J. P. Hatcher  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 7, 1922 (28) J. P. Hatcher  
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.

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.