

Form No. 8

1. PLACE OF BIRTH

County of Charleston

Township of \_\_\_\_\_

or  
Inc. Town of \_\_\_\_\_

or  
City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

6200A

Registration District No. \_\_\_\_\_

Registered No. 1262  
(For use of Local Registrar)

Ward 9

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

2. Full Name of Child Myrtle Cantley

1. BOY OR GIRL  
girl

4. Twin or Triplet?  
No

5. Number in order of birth  
1st

6. Are Parents Married?  
Yes

7. DATE OF BIRTH

March 20, 1923  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Frank Cantley

9. PRESENT POSTOFFICE OF FATHER

Dead

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

29  
(Years)

12. BIRTHPLACE

Ridgewill

13. OCCUPATION

truck driver

14. Number of children born to mother, including present birth

5

MOTHER

14. NAME BEFORE MARRIAGE

Bertie Varnes

15. PRESENT POSTOFFICE OF MOTHER

59 America St

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

26  
(Years)

18. BIRTHPLACE

Ridgewill

19. OCCUPATION

House work

20. Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

23. Signature

Elizabeth Cantley

24. State whether Physician or Midwife

Midwife

25. Address of Physician or Midwife

20 Gail St

26. Witness

Bertie Cantley

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

27. Filed

Sept 21, 1923

28.

W. H. H. H.

Given name added from a supplemental report

19  
Registrar

Filed May 22, 1921

should make this return.

M. J. H. H.