

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

9048

County of Robeson

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

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

City of \_\_\_\_\_

Registration District No. 40-a

Registered No. 109

(For use of Local Registrar)

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

(2) Full Name of Child Julius Mich. Cantor Jr.

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

(3) SEX OR HAIR	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 21, 1922</u> (Name of Month) (Day) (Year)
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### FATHER:

(8) NAME BEFORE MARRIAGE \_\_\_\_\_

(9) PRESENT POSTOFFICE OF MOTHER \_\_\_\_\_

(10) COLOR OR RACE \_\_\_\_\_

(11) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(12) BIRTHPLACE \_\_\_\_\_

(13) OCCUPATION \_\_\_\_\_

(14) Number of children born to mother, including present birth \_\_\_\_\_

### MOTHER:

(14) NAME BEFORE MARRIAGE Geneva Williams

(15) PRESENT POSTOFFICE OF MOTHER Wilmington, N.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Paris, Ind.

(19) OCCUPATION Teacher

(20) Number of children of this mother now living, including present birth 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(22) (Signature) G. G. Walker

(23) State whether Physician or Midwife (24) Address of Physician or Midwife \_\_\_\_\_

Give name added from a supplemental report

(25) Witness (Signature of Witness, necessary only when child is not named or is signed by mark)

(26) Jos. Cooper (Local Registrar)

When there was no attending physician or midwife, the health officer or other authorized person makes this return. If a child breathes even once, it must be reported as a birth.