

(1) PLACE OF BIRTH

County of RobesonTownship of 1or
City of 1City of 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

9048

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 Rich Cantor If child is not yet named, make supplemental report as directed(4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 28 1922
(Name of Month) (Day) (Year)

FATHER.

(14) NAME BEFORE MARRIAGE James William(15) PRESENT POSTOFFICE OF MOTHER Madisonville, Tenn(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Paris, Ind(19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1(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 born at 6:25 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. H. H. H. H. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

(26) (Signature of Witness necessary only when signature of physician or midwife is in signature mark)

(27) 1-1-22 Geo Copes Local Registrar

When there was no attending physician or midwife, the father or mother must make this return. If a child breathes even once, it must first be signed by the father or mother before the