

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16654

Registration District No. 10-a

Registered No. 248

(For use of Local Registrar)

(No. 138 Vernon St.)

St. Ward

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH May 21 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

V. V. Cantrell

(9) PRESENT POSTOFFICE OF FATHER

S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Machinist

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Luma Bridges

(15) PRESENT POSTOFFICE OF MOTHER

S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report
MARTIN B. BOWEN, M.D.

(26) Witness

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

(27) Filed

6-1-22

19

(28) Jas. Copes

Local Registrar

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.

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