

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Eastonor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6664

Registration District No. 708 Registered No. 38  
(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 Myrtle Lee Cantley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 12, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John C. Cantley(9) PRESENT POSTOFFICE OF FATHER Eadytown, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farming(14) NAME BEFORE MARRIAGE Exile L. Cantley(15) PRESENT POSTOFFICE OF MOTHER Eadytown, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(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 alive at 2 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Mason(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Eadytown, S.C.

Given name added from a supplemental report

(26) Witness Lillian Cross  
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed March 20, 1922 (28) D.W. Cross  
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.