

FIRST-BOOK, No. 1. THE OTHER, No. 2. etc. In question 1 Section of Columns, Columns, 8, 9.

(1) PLACE OF BIRTH **Spencer**
 County of **Rowan**
 Township of **Rowanville**
 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.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only
26312

Registered No. **231**
 (For use of Local Registrar)

Registration District No. **1447**

(2) Full Name of Child **Delmus Cantrell**
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL BOY GIRL
 (4) Twin or Triplet To be answered only in event of Twins or Triplets
 (5) Number in order of birth **6**
 (6) Are Parents Married? Yes No
 (7) DATE OF BIRTH **April 27, 1923**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Ellie Cantrell**
 (9) PRESENT POSTOFFICE OF FATHER **Sumter S C**
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **24**
 (Year)
 (12) BIRTHPLACE **Spencer S C**
 (13) OCCUPATION **Farming**
 (14) Number of children born to mother, including present birth **6**

MOTHER.

(14) NAME BEFORE MARRIAGE **Lizzie Arnold**
 (15) PRESENT POSTOFFICE OF MOTHER **Sumter S C**
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **29**
 (Year)
 (18) BIRTHPLACE **Macon Ga**
 (19) OCCUPATION **Domestic**
 (20) Number of children of this mother now living, including present birth **6**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **Alive** at **9:00 P. M.** on the date above stated.
 (Born alive or stillborn) (Hour, A. M. or P. M.)
 (22) (Signature) **Dr. R. E. Marchant**
 (23) Since whether Physician or Midwife
 (24) Address of Physician or Midwife **Sumter S C**

Given name added from a supplemental report
 (25) Witness (Signature of Witness) **[Signature]**
 when question 23 is signed
 (26) Filed **April 19, 1923** (27) **[Signature]** Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., could make this report if a child breathes even once. It must not be reported as stillborn. No report is required of stillbirth before the fifth month of pregnancy.

fifth month of pregnancy.