

Form No. 1. THE OTHER, No. 2, etc., in question 1.

**(1) PLACE OF BIRTH**  
 County of Richmond  
 Township of Rindville  
 or  
 Inc. Town of .....  
 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**

Registration District No. 147 Registered No. 23  
 (For use of Local Registrar)

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

**(3) SEX OF CHILD**  
 (4) Twin or Triplet  
 (5) Number in order of birth 6  
 (6) Are Parents Married? Yes  
 (7) DATE OF BIRTH April 27, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Ellie Cantrell  
 (9) PRESENT POSTOFFICE OF FATHER Sum S C  
 (10) COLOR OR RACE White  
 (11) AGE AT LAST BIRTHDAY 24  
 (Year)  
 (12) BIRTHPLACE Ill-6 is  
 (13) OCCUPATION Farming

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lizzie Arnold  
 (15) PRESENT POSTOFFICE OF MOTHER Sum S C  
 (16) COLOR OR RACE White  
 (17) AGE AT LAST BIRTHDAY 29  
 (Year)  
 (18) BIRTHPLACE Macan Is  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour, A. M. or P. M.)  
 (23) (Signature) R. R. Marchant  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife Sum S C

Given name added from a supplemental report  
 (26) Witness (Signature of Witness) Legal Rep  
 (27) Filed 11 1923

When there was no attending physician or midwife, then the father, householder, etc., should 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.