

Form No. 1

(1) PLACE OF BIRTH

County of Oconee
 Township of Keowee
 or
 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

39542

Registration District No. 3502Registered No. 87
(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 Charley Earl Cantrell 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 May 16, 22
 To be answered only in event of Twins or Triplets (Name of Mother) (Day) (Year)

FATHER.

(8) FULL NAME Charley James Cantrell(9) PRESENT POSTOFFICE OF FATHER Salem S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Abernethy(15) PRESENT POSTOFFICE OF MOTHER Salem S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hanna Patterson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salem S.C.

Given name added from a supplemental report

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

(27) Filed Dec 7, 1922 (28) Lam W. Smith 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.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. THIS SPACE IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, REPEAT ALL INFORMATION FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6. BOARD OF COLUMBIA, COLUMBIA, S. C.