

(1) PLACE OF BIRTH

County of Wm. Burr

Township of Johns

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

70789

Registration District No. 4, 5, 6, 7

Registered No. 6, 1

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child

Calvin Cantor

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 2 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

R. C. Cantor

(9) PRESENT POSTOFFICE OF FATHER

Hammond

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Lake City

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

J. S. Cantor

(15) PRESENT POSTOFFICE OF MOTHER

Hammond

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

C. S. C.

(19) OCCUPATION

Housewife

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

R. C. Cantor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Johns

Given name added from a supplemental report

191...

(26) Witness

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

(27) Filed

July 15, 1916

(28)

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.