

Form No. 1

(1) PLACE OF BIRTH

County of *Sumter*Township of *Rephug Creek*

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32460

Registration District No. *1166*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

Adeline Shannon

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept. 23, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Shannon

(9) PRESENT POSTOFFICE OF FATHER

Highwood, S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Sumter, S.C.

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

15

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Howard

(15) PRESENT POSTOFFICE OF MOTHER

Highwood, S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Abbeville, S.C.

(19) OCCUPATION

housewife

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

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Charles Taylor*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Highwood, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Sept. 27, 1922

(28)

W. C. H. H. H.

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 BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCGRAW HILL, COLUMBIA, S. C.