

PLACE OF BIRTH

County of HarryMunicipality of SummervilleIn Town of SummervilleCity of Summerville

(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

43991

Registration District No. 19Registered No. 14403

(For use of Local Registrar)

St. 1 Ward 1(1) Full Name of Child Hubert McNeil Cannon

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

(2) SEX OF CHILD Boy(3) Twin or Triplet? No(4) Number in order of birth 1(5) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 11

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER McNeill Cannon(9) PRESENT POSTOFFICE OF FATHER Gallinets Ferry SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Harry County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3(15) NAME BEFORE MARRIAGE Lillie Johnson(16) PRESENT POSTOFFICE OF MOTHER Gallinets Ferry SC(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 32 (Years)(19) BIRTHPLACE Harry County(20) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Hour A. M. or P. M.) 12:30 A. M. on the date above stated.(23) (Signature) J. S. Cunningham, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Registrar Jan 27 1924

(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.

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