

Form No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of Catawba  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

3807

Registration District No. 4404 Registered No. 104  
 (For use of Local Registrar)

## (2) Full Name of Child

Prince Max Shannon St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

1) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Nov. 17, 23</u>
FATHER.			MOTHER.	
8) FULL NAME <u>Sam Shannon</u>			14) NAME BEFORE MARRIAGE <u>Bertha Shannon</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill</u>	
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	16) COLOR OR RACE <u>Negro</u>		
12) BIRTHPLACE <u>S.C.</u>		17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
13) OCCUPATION <u>Farmer</u>			18) BIRTHPLACE <u>S.C.</u>	
			19) OCCUPATION <u>Farmer</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

## 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)

(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 23 is signed by mark)

(27) Filed 11/21/23 (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.