

Form No. 1

(1) PLACE OF BIRTH

County of PerkleyTownship of 1st Johnsor
Inc. Town ofor
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

41068

Registration District No. 202 Registered No. 99
(For use of Local Registrar)(2) Full Name of Child Augusta Christie 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 Dec 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Cannon(9) PRESENT POSTOFFICE OF FATHER Cordesville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Cordesville(13) OCCUPATION Farmer(20) Number of children born to father, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Julia A. Cannon(15) PRESENT POSTOFFICE OF MOTHER Cordesville, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Cordesville, S.C.(19) OCCUPATION Housekeeper(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 Born alive at Perkley S.C.
(Born alive or stillborn) (House, A. M. or P. M.)
on the date above stated.(23) (Signature) Louisa Cannon (24) State whether Physician or Midwife mark

Given name added from a supplemental report

(25) Witness Renee Cannon
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 28 22 (28) James Cannon
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired if stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. WITH UNFADING INK—PLAIN IN A PERMANENT RECORD. N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.