

(1) PLACE OF BIRTH

County of HernyTownship of Burchor
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

10969

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Ermer Canary If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL <u>Girl</u>	(4) Type of Birth To be reported only in event of Twin or Triplet	(5) Number in order of birth	(6) Age in Months <u>9</u>	(7) DATE OF BIRTH <u>Dec. 31, 1923</u> (Name of Month) (Day) (Year)
--------------------------------	---	---------------------------------	----------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>U. M. Canary</u>	(14) NAME BEFORE MARRIAGE <u>Canary</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Toldosville S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Toldosville S.C.</u>
(9) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(12) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(13) BIRTHPLACE <u>Herny</u>	(15) BIRTHPLACE <u>Herny Co.</u>	(18) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 0.45 AM
on the date above stated. born alive or stillborn. (Hour A. M. or P. M.)(23) (Signature) Alice Brown(24) State whether, Physician or Midwife Midwife(25) Address of Physician or Midwife Mundy St. S.C.Given name added from a supplement-
tal report(26) Witness J. F. Cooper
Signature of Witness necessary only
when question 23 is signed by mark(27) Filed Jan. 11, 1924 (28) John Canary
Local RegistrarWhen 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.