CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 1692

(1) PLACE OF BIRTH
County of Lexington
Township of Wateree
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2704 Registered No. .....
(For use of Local Registrar)

(2) Full Name of Child Willie Shannon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Jan 12 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Henry Shannon
(9) PRESENT POSTOFFICE OF FATHER: Lugoff SC
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: SC
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Liberia Shannon
(15) PRESENT POSTOFFICE OF MOTHER: Lugoff, SC
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY: 19 (Years)
(18) BIRTHPLACE: SC
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Luna Harris
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Lugoff

Given name added from a supplemental report ..... 19.....
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Jan 13 1922 (28) Joseph D. Grady, 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.

Bureau of Census, Form No. 2. TYPE OTHER, No. 2, etc., in question 5.