

## (1) PLACE OF BIRTH

County of Newbury  
 Township of 10  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 41891

Registration District No. 3401 Registered No. 57  
 (For use of Local Registrar)

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

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth yes (7) DATE OF BIRTH July 29, 1923  
 To be reported only in case of Twin or Triplet (Date of birth) (Day) (Month) (Year)

## FATHER

(8) FULL NAME James Cannon  
 (9) PRESENT RESIDENCE OF FATHER Prosperity  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 7

## MOTHER

(14) NAME BEFORE MARRIAGE Minnie Richards  
 (15) PRESENT RESIDENCE OF MOTHER Prosperity  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:30 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Georganna Holman  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Prosperity

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Jan 10, 1924 (27) Alberta Sess Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 1.  
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.