

5-8-46mph

F.N.16427

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of Messers
or
Inc. Town of
or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3800

FILE No.—For State Registrar Only

00510

Registered No. (For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD David Henry Shannon { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births { 4. Twins, triplets or other
5. Number, in order of birth
6. Premature Full term
7. Are Parents Married? Yes
8. Date of birth Nov 15, 1922
(Month, day, year)

9. Full name FATHER
Hiram Wesley Shannon

10. Residence (mailing address) Messers, South Carolins
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 41 (years)

13. Birthplace (city or place) Richland County
(State or country) South Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work 10

18. Name before marriage MOTHER
Annie Belle Wise

19. Residence (mailing address) Messers, South Carolina
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Richland County
(State or country) South Carolina

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. own housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 8 (c) Stillborn

28. If stillborn, period of gestation { months weeks } 29. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report (Date of)

State Registrar

(Signed) Mrs. Annie Belle Shannon, Parent
or, Guardian

Address

Filed June 4, 1946 Thos. P. Lesesne
Local Registrar

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