

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

## Standard Certificate of Birth

FILE No.—For State Registrar Only

00510

## 1. PLACE OF BIRTH

County of RichlandTownship of Messersor  
Inc. Town of .....or  
City of .....

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

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3800 Registered No. ....

(For use of Local Registrar)

(No. .... St.; ..... Ward)

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

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	6. Premature..... Full term.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Nov 15</u> , 19 <u>22</u> (Month, day, year)
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9. Full name  
FATHER  
Hiram Wesley Shannon18. Name before  
marriage MOTHER  
Annie Belle Wise10. Residence (mailing address) Messers, South Carolins  
(If non-resident, give place and State).....19. Residence (mailing address) Messers, South Carolina  
(If non-resident, give place and State).....11. Color or race White 12. Age at last birthday 41 (years)20. Color or race White 21. Age at last birthday 31 (years)13. Birthplace (city or place) Messers, Richland County,  
(State or country) South Carolina22. Birthplace (city or place) Richland County  
(State or country) South Carolina14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. School teacher23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. own housework15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. ....24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. ....16. Date (month and year) last  
engaged in this work 17. Total time (years)  
spent in this work 1025. 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, { months }  
period of gestation..... { 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.....m. on the date above stated.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.(Signed) Mrs. Annie Belle Shannon, Parent

or....., Guardian

Given name added from  
a supplementary report.....

Address.....

(Date of)

Filed June 4, 1946 Thos. P. Lesesne

State Registrar

Local Registrar

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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.