

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orange
 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.)

(2) Full Name of Child

William Cannedy

File No.—For State Registrar Only

19736

Registration District No. 3613

Registered No. 66
 (For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 11, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David Cannedy

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

21
 (Years)

(12) BIRTHPLACE

Orangeburg C.S.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Matilda Benjamin

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

20
 (Years)

(18) BIRTHPLACE

Orangeburg C.S.

(19) OCCUPATION

Farmer Help

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23)

(Signature)

Laura Thomas

(24)

State whether Physician or Midwife

Midwife

(25)

Address of Physician or Midwife

Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 20, 1922

(28)

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.