

(1) PLACE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Beaufort State Board of Health

File No.—For State Registrar Only
19381

In Town of Registration District No. 3105 Registered No. 261
 (For use of Local Registrar)

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

Full Name of Child Edward Canon ... { If child is not yet named, make supplemental report as directed

SEX OR GENDER? Male (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 14, 1938
 (Name of Month) (Day) (Year)

FATHER.

(1) NAME BEFORE MARRIAGE Ed. Canon

(2) PRESENT POSTOFFICE OF MOTHER Beaufort, S.C.

(11) AGE AT LAST BIRTHDAY 10 (Years)

(12) BIRTHPLACE Beaufort, S.C.

(13) OCCUPATION Farmer

(14) Number of children born to father including present birth 11

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Williamson

(15) PRESENT POSTOFFICE OF MOTHER Beaufort, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 10 (Years)

(18) BIRTHPLACE Beaufort, S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness M.

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

(27) Filed 7/6 1938 (28) J. C. Lybrand 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.

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