

(1) PLACE OF BIRTH

County of AdamsTownship of Greenfieldor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19040

Registration District No. 2506Registered No. 576

(For use of Local Registrar)

(2) Full Name of Child Irvin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? ya

(7) DATE OF BIRTH

June 2, 1922

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

Hiram Cannon

(9) PRESENT POSTOFFICE OF FATHER

Labor NC#2(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE

Adams Co S.C.

(13) OCCUPATION

Farmer Tenant(20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE

MOTHER.

Ella Origer

(15) PRESENT POSTOFFICE OF MOTHER

Labor NC#2(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE

Adams Co S.C.

(19) OCCUPATION

House wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Lewis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Labor NC#2

Given name added from a supplemental report

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

(27) Filed June 10, 1922 (28) J. D. Lewis 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.

Registrar

Local Registrar.

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