

(1) PLACE OF BIRTH  
County of Berkeley  
or  
Inc. Town of Gaines  
or  
City of Summerville  
(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

3233

Only

Registration District No. 7.C.1. Registered No. 18  
(For use of Local Registrar)

St.; ..... Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child. ....

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 13, 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Josiah Rhame Cannon  
(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)  
(12) BIRTHPLACE Se. W. Co. S. C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 6

MOTHER.  
(14) NAME BEFORE MARRIAGE Sallie Jane Brown  
(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)  
(18) BIRTHPLACE Sumter County  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Edmund N. Hemminger (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville, S. C.

Given name added from a supplemental report  
191  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar 1, 1922 (28) R. G. Harrison 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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WRITE PLAINLY. WITH CRUISING INK—USE A PAINLESSLY ERASABLE PENCIL. SEE THAT ALL INFORMATION IS CORRECT. NO HOME USE OF THIS FORM. NO. 1. THIS FORM IS FOR THE STATE BOARD OF HEALTH, STATE OF SOUTH CAROLINA. NO. 1. THIS FORM IS FOR THE STATE BOARD OF HEALTH, STATE OF SOUTH CAROLINA.