

Form No. 1

(1) PLACE OF BIRTH

County of Mauldin

Township of

Inc. Town of

City of Sumter

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 33A

File No. — For State Registrar Only
4570

Registered No. 3
(For use of Local Registrar)

(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 Ragel Cannon

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

1. SEX Female 2. Twin or Triplet? No 3. Number in order of birth 1st 4. Are Parents Married? Yes 5. DATE OF BIRTH Feb 26, 33
(Name (Month Day Year))

FATHER.

6. FULL NAME Wesley Brough Cannon

7. PRESENT POST OFFICE OF FATHER Sumter, S.C.

8. COLOR OR RACE White 9. AGE AT LAST BIRTHDAY 46

10. BIRTHPLACE S.C.

11. OCCUPATION Minister

12. Number of children born to mother, including present birth 17

MOTHER.

13. NAME BEFORE MARRIAGE Anna Edith Boushnight

14. PRESENT POST OFFICE OF MOTHER Sumter, S.C.

15. COLOR OR RACE White 16. AGE AT LAST BIRTHDAY 37

17. BIRTHPLACE S.C.

18. OCCUPATION Housewife

19. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was White at 9:30 M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(21) (Signature) Dr. J. L. ... (22) Address of Physician or Midwife Sumter, S.C.

Give name address of physician or midwife

(23) Witness (Signature of Witness necessary only when question 22 is signed by mark)

Mark 33 (24) M. J. G. ... Local Registrar

When there was a stillbirth, the father, household, etc., should make this return. If a child was born dead, it should be reported as stillborn. No report is desired of stillbirths or months of pregnancy.