

# DELAYED

139-23-049063

## PLACE OF BIRTH

County of Dorchester  
 Township of Kirkham  
 Town of Pregnall  
 City of (Boy)

## Standard Certificate of Birth STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

Registration District No. 1704

FILE No.—For State Registrar Only

35375-A

Registered No. 2

(For use of Local Registrar)

Full Name of Child James Canaday (If child is not yet named, make supplemental report as directed.)

1. Sex a Girl Boy 2. Plural Births 3. Twin, triplet, or other 1 4. Premature Yes 5. Legitimate Yes 6. Date of Birth October 11, 1924 (Month, day, year)

FATHER  
 7. Name (usual place of abode) Madison L. Canaday  
 8. Residence (usual place of abode) Pregnall S.C.

MOTHER  
 9. Name (usual place of abode) Lula Mae Kenty  
 10. Residence (usual place of abode) Pregnall S.C.

11. Color or race White 12. Age at last birthday 22 (Years)  
 13. Birthplace (city or place) Dorchester Co. S.C. (State or country)

14. Color or race White 15. Age at last birthday 22 (Years)  
 16. Birthplace (city or place) Saluda Co. S.C. (State or country)

17. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. farmer  
 18. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
 19. Date (month and year) last engaged in this work present 1924  
 20. Total time (years) spent in this work 2

21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper  
 22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
 23. Date (month and year) last engaged in this work present 1924  
 24. Total time (years) spent in this work 2

25. Number of children of this mother (At time of this birth and including this child) / (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn  
 26. If stillborn, period of gestation (months weeks) 27. Cause of stillbirth Before labor During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:12 p.m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, or other person should make this return.)

(Signed) Dr. H. D. Ackerman, M. D.

or \_\_\_\_\_, Midwife

Give name added from supplemental report (Date of)

Address Ridgeville S.C.

Filed Feb 21, 1933 Mrs. Joe Baker

ATTACH NEXT FRAME

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