

Form No. 1

(1) PLACE OF BIRTH

County of Ocean, ch.
 Township of Egyptus
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29606

Registration District No. 3604Registered No. 51
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 City of..... (No. St.; Ward)

(2) Full Name of Child Landy Cannon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 8 1925</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Eddie Cannon</u>			(14) NAME BEFORE MARRIAGE <u>Charlotte Wamamah</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York SC</u>	
(10) COLOR OR RACE <u>Colony</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Colony</u>		
(12) BIRTHPLACE <u>Ocean, ch.</u>	(13) OCCUPATION <u>Farm</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(18) BIRTHPLACE <u>Ocean, ch.</u>			(19) OCCUPATION <u>Fried Ham</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eddie Cannon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York SC

Given name added from a supplemental report

(26) Witness Wm. Cannon

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

(27) Filed 9/15 1925(28) W. H. Cannon 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 stillborns before the fifth month of pregnancy.