

(1) PLACE OF BIRTH

County of Spartanburg
Township of ...
or
Inc. Town of ...
or
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

30204

Registration District No. H.A.C. 2.13.

Registered No. 607.....
(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are parents married	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME
William L. Cannon(9) PRESENT POSTOFFICE OF FATHER
Harrison, S.C.(10) COLOR OR RACE
White(11) AGE AT LAST BIRTHDAY
28 (Year)(12) BIRTHPLACE
S.C.(13) OCCUPATION
Teacher

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

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

DATE OF BIRTH
SIC 6 1933
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE
Alice Heath(15) PRESENT POSTOFFICE OF MOTHER
Lancaster, S.C.(16) COLOR OR RACE
White(17) AGE AT LAST BIRTHDAY
30 (Year)(18) BIRTHPLACE
S.C.(19) OCCUPATION
Nursing(21) Number of children of this mother now living, including present birth
5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)
(24) State whether Physician or Midwife(25) Address of Physician or Midwife
Spalding 30712

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Dated Oct 18-1-1933
(28) 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.