

ON PAGE OF FIFTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For Registrar Only

12138

County of SpartanburgTownship of Woodruff

or

In Town of

or

City of

If birth occurs in a hospital or other institution, give name of same instead of street number.

Registration District No. 4009Registered No. 39

(For use of Registrar)

(No. of St. (Ward))

Full Name of Child Infant Cannon If child is not yet named, make supplemental report as directedBOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH April 9 23 (Name of Month) (Day) (Year)FATHER. FULL NAME Wallace Cannon (14) NAME BEFORE MARRIAGE Florence BrewtonPRESENT POSTOFFICE OF FATHER Woodruff S.C. (15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.COLOR OR RACE Col (16) AGE AT LAST BIRTHDAY 38 (17) AGE AT LAST BIRTHDAY 36 (Years)BIRTHPLACE Spartanburg Co (18) BIRTHPLACE Spartanburg CoOCCUPATION Fanner (19) OCCUPATION DomesticNumber of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was alive at 11 30 P. (Hour A. M. or P. M.)(23) (Signature) D. H. McCord(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff S.C.

Has name added from a supplemental report

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

(27) Date April 11 23 (28) Clara Boyter Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.