

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Form 5-6

(1) PLACE OF BIRTH

County of Greenwood  
Township of Greenwood  
or  
Inc. Town of Greenwood  
or  
City of Greenwood

(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

File No.—For State Registrar Only

4451

Registration District No. 13A

Registered No. 30  
(For use of Local Registrar)

(2) Full Name of Child Josephine Peterson Cannon

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

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-13-22 19...  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Roosevelt Peterson  
(9) PRESENT POSTOFFICE OF FATHER Greenwood, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Year)  
(12) BIRTHPLACE Greenwood, S.C.  
(13) OCCUPATION Laborer  
(20) Number of children born to mother, including present birth { First (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Lucille Cannon  
(15) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 13 (Year)  
(18) BIRTHPLACE Greenwood, S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { First (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ALIVE at 12:30 M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Ruthleen M. A.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenwood, S.C.

Given name added from a supplemental report

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

(27) Filed 3/10/22 19... (28) Local Registrar. W. L. Williams

\*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.

\*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.