

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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Horley</u>		STATE OF SOUTH CAROLINA		90328	
Township of <u>Buck</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>25.0.1</u>		Registered No. <u>105</u>	
		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Gertrude Cannon</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 10 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Samuel Waid Cannon</u>			(14) NAME BEFORE MARRIAGE <u>Emma Cannon</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Conway</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Conway</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) .....					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness .....		
..... 19 .....			(27) Filed <u>Dec 20 1916</u> (28) <u>L. P. Bourne</u> Registrar 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.