

FORM NO. 2
 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 5.

(1) PLACE OF BIRTH
 County of Greenville **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of
 or
 Inc. Town of Registration District No. 1-2-4 Registered No. 1192
 or
 City of Greenville (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
85888

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 4, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Robert B. Cannon
 (9) PRESENT POSTOFFICE OF FATHER Greenville
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE Lawrence County
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Cornie Longshore
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Newberry
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Amanda X. Atkins
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 444 Maxwell Ave

Given name added from a supplemental report
 (26) Witness Daisy Bradley (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 11/14 1916 (28) W. A. McLean 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.

..... fifth month of pregnancy.