Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 42617

(1) PLACE OF BIRTH

County of Greenville

Township of [illegible]

or

Inc. Town of ....

or

City of ....

Registration District No. ....

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

(No. .... St.; .... Ward)

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

(2) Full Name of Child Alford William Walter Ray Cannon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 24, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Willie Robert Cannon	(14) NAME BEFORE MARRIAGE Abbie Freeman
(9) PRESENT POSTOFFICE OF FATHER Piedmont	(15) PRESENT POSTOFFICE OF MOTHER Piedmont
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Brush Creek	(18) BIRTHPLACE Brush Creek
(13) OCCUPATION [illegible] Labor	(19) OCCUPATION House Keeper
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mattie R. Owens

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Piedmont R2

Given name added from a supplemental report

....

.................................., 19 ....
Registrar

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

(27) Filed Dec 26, 1924 (28) L. D. Bell, 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.

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.

Bureau of Columbia, Columbia, S. C.