

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of 1st Johnor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Lorene Cannon

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

(3) SEX OR  
GIRL?(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth 7(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Sept 6th 19 22  
(Name of Month) (Day) (Year)(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 47  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth 14

## FATHER.

(8) FULL NAME James Irving Cannon(9) PRESENT POSTOFFICE OF FATHER Cordsville(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Berkeley County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 14

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Way(15) PRESENT POSTOFFICE OF MOTHER Cordsville(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 43 (Years)(18) BIRTHPLACE Orangeburg County(19) OCCUPATION Postmaster Cordsville, S.C.(21) Number of children of this mother  
now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M.  
on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Phillip Vinegar

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cordsville, 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 Sept 9th 19 22(28) J. D. Cannon  
Local Registrar\*When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH ENFADING 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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29067

Registration District No. 102Registered No. 71  
(For use of Local Registrar)

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

## AFFIDAVIT

State of South Carolina )  
County of York )

This is to certify that the name Lorene Cannon was changed after the birth record was sent in to Columbia in September 1922 and Jimmie Way Cannon is the name that was given instead.

Jimmie Way Cannon is her true name to my certain knowledge.

*Mrs. Mary C. Smith*  
Mrs. Mary C. Smith  
Sister of Jimmie Way Cannon

Subscribed and duly sworn to  
before me, this 13th day of  
September 1941.

*Lern C. Smith*  
Notary Public for South Carolina

*Mrs. Mary C. Smith*  
Sister of Jimmie Way Cannon

