

FORM NO. 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

70518

Registration District No. 4009

Registered No. 82

(For use of Local Registrar)

(2) Full Name of Child

Luico Cannon

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet

twin

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 30, 1916

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Jason E. Cannon

(9) PRESENT POSTOFFICE OF FATHER

Woodruff S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Greenville Co.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Anna L. Watson

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

Domestic

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

4

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 P.M. on the date above stated. Pacey (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

E. O. Pacey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Woodruff S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

July 17, 1916

(28)

Chas. L. Boyter

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.

SEALING RECOMMENDED IN THE BINDING. WHEN FURNISHING THIS FORM IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. H.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, NO. 2, ETC., IN QUESTION 5. MEDICAL DEPARTMENT OF COLUMBIA