

FORM NO. 2.

## (1) PLACE OF BIRTH

County of Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Oak Groveor  
Inc. Town of Oak GroveRegistration District No. 2-2-12 Registered No. 81

City of .....

(For use of Local Registrar)

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

(2) Full Name of Child. AB. Cannon

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 2, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME AB. Cannon(9) PRESENT POSTOFFICE OF FATHER Fort Mifflin(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Marion Lindley(15) PRESENT POSTOFFICE OF MOTHER Fort Mifflin(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Cannon(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 10, 1916 (28) W. A. Cannon 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.

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.

McCaw, of Columbia