

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of.....or
City of Charleston S.C.

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

(2) Full Name of Child Mary Frances Cannon

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

3) BOY OR GIRL?

Girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

Yes

7) DATE OF

BIRTH Aug. 15 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

D. Joe H. Cannon

9) PRESENT POSTOFFICE OF FATHER

Charleston

10) COLOR OR RACE

White11) AGE AT LAST BIRTHDAY.....35.....
(Years)

12) BIRTHPLACE

Charleston S.C.

13) OCCUPATION

M. W.

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

1

MOTHER.

14) NAME BEFORE MARRIAGE

Garbude J. Cannon

15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

16) COLOR OR RACE

White17) AGE AT LAST BIRTHDAY.....30.....
(Years)

18) BIRTHPLACE

Charleston

19) OCCUPATION

Home duties

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 Aline at 2 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Dr. J. H. Cannon 277 Calhoun St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 33 is signed by mark)

(27) Filed

8/25-22 J. Mercier Green 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.