

## (1) PLACE OF BIRTH

County of AndersonTownship of Williamston

or

Inc. Town of.....

or

City of.....

(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 Jesse Cannon

File No.—For State Registrar Only

24644

Registration District No. 3 BRegistered No. 62  
(For use of Local Registrar)(3) BOY OR GIRL Boy

(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. 22 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jim Cannon(9) PRESENT POSTOFFICE OF FATHER Piedmont R #1(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary M. McDermott(15) PRESENT POSTOFFICE OF MOTHER Piedmont R #1(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug. 25 1922

(28)

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.

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