

MARGIN RESERVED FOR INDEXING.  
 WHITE PLAINS. WITH READING ENK—THIS IS A PERMANENT RECORD.  
 N. R.—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.

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Spartanburg  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 4008 Registered No. 157  
 (For use of Local Registrar)  
 (2) Full Name of Child Paula Cannon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 22 22  
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)  
 FATHER. MOTHER.  
 (8) FULL NAME Asa Cannon (14) NAME BEFORE MARRIAGE Nell Reid  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg SC (15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22  
 (Years) (Years)  
 (12) BIRTHPLACE SC (18) BIRTHPLACE SC  
 (13) OCCUPATION Textile (19) OCCUPATION HN  
 (20) Number of children born to mother, including present birth two (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (22) I hereby certify that I attended the birth of this child, who was B. Saline at 9:40 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Arthur Saline  
 (24) State whether Physician or Midwife " (25) Address of Physician or Midwife Conover SC

Given name added from a supplemental report  
F. M. B. Saline  
Dec 16 19 40  
 Registrar  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 7-1- 19 22 (28) R. J. Parker 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.

State of South Carolina  
County of Spartanburg.

Personally appeared before me Mrs. Nell Reid Cannon, who first being duly sworn says that she is the mother of Frank Russell Cannon, who was born in Spartanburg County, S. C. on April 22, 1922, and in as much as his given name does not appear in the record of his birth ask that the name of Frank Russell, be inserted therein.

Sworn to before me this  
11th day of December 1940.

Nelle Reid Cannon

Walter B. Coker  
Notary Public for S. C.

Name of Child, Frank Russell Cannon,  
Place of Birth, Spartanburg County, S. C.  
Date of Birth, Apr 22, 1922  
Name of Father, Asa Cannon  
Name of Mother before marriage, Nell Reid,  
Dr. Arthur L. Cannon