

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.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 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
75311

Registration District No. 00 Registered No. 42
 (For use of Local Registrar)

(2) Full Name of Child Belma Henson Blease Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 20, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. O. Cannon</u>			(14) NAME BEFORE MARRIAGE <u>Irene Gillegruw</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville Co</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville Co</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Abbeville Co</u>			(18) BIRTHPLACE <u>Abbeville Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Abbeville

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Abbeville

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 Aug 30, 1916 (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.