

WIFE
N. B. McCraw, of Columbia, S. C.—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 Stataulung

Township of Woodruff

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.)
No. _____ St. _____ Ward _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

57702

Registration District No. 4009

Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child Elise Cannon

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 17 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wallace Cannon

(14) NAME BEFORE MARRIAGE Flora Bessie Borton

(9) PRESENT POSTOFFICE OF FATHER Woodruff, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Woodruff, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Stataulung Co.

(18) BIRTHPLACE Stataulung Co.

(13) OCCUPATION Pineplan

(19) OCCUPATION House & Son

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

(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. H. Workman

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

Physician Woodruff, S.C.

Given name added from a supplemental report

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

(27) Filed May 16 1916 (28) Gras L. Foster 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.

Registrar 1

Local Registrar

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