(1) PLACE OF BIRTH

County of Lexington

Township of Saluda

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 3111

File No.—For State Registrar Only: 7731

Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Curtis Woodrow Cannon

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 13, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus L. Cannon

(9) PRESENT POSTOFFICE OF FATHER Chapin S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE R. Bell Rauch

(15) PRESENT POSTOFFICE OF MOTHER Chapin

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Caroline Mayer Mid.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chapin S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Nov 31 1923 (28) J. W. Summer
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 Columbia, Columbia, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.