

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74044

(1) PLACE OF BIRTH

County of NewberryTownship of No. 5Inc. Town of T. KinardsCity of No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3709 Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child M. Monroe Leslie Cannon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Martin Luther Cannon(9) PRESENT POSTOFFICE OF FATHER Kinards S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Lexington S.C.(13) OCCUPATION Tractor Foreman (R.R.)(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Adeline Boland(15) PRESENT POSTOFFICE OF MOTHER Kinards S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Lexington S.C.(19) OCCUPATION Housewife(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 Born Alive 11:50 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) T. M. H. Pope

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

Physician Kinards S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug. 14, 1916 (28) J. M. Smith 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.

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.