

MARGIN RESERVED FOR INDEXING.
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 CHILDREN, No. 1, 2, 3, etc., in question 8.

(1) PLACE OF BIRTH

County of Spartanburg
Township of 14
or
Inc. Town of 14
or
City of 14

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2454

Registration District No. 40-0 Registered No. 43
(For use of Local Registrar)

(2) Full Name of Child Willie Mae Cannon

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

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>X</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 25 1925</u> (State of Month) (Day) (Year)
FATHER 8) FULL NAME <u>Thomas Cannon</u> 9) PRESENT POSTOFFICE OF FATHER <u>206 Cudd City</u> 10) COLOR OR RACE <u>Col</u> 11) AGE AT LAST BIRTHDAY <u>48</u> (Year) 12) BIRTHPLACE <u>Newberry</u> 13) OCCUPATION <u>Barber</u>			MOTHER 14) NAME BEFORE MARRIAGE <u>Bludie Shelton</u> 15) PRESENT POSTOFFICE OF MOTHER <u>206 Cudd City</u> 16) COLOR OR RACE <u>Col</u> 17) AGE AT LAST BIRTHDAY <u>30</u> (Year) 18) BIRTHPLACE <u>Georgia</u> 19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>8</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Shelton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

2-1

19 25

(28)

Jan 25

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.

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