

FORM NO. 1.

(1) PLACE OF BIRTH

County of FlorenceTownship of J. N. C. Milleror
Inc. Town ofor
City of E. Effingham

(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

46231

Registration District No. 2011 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Robertta Cannon

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1/12/16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wilson Cannon(9) PRESENT POSTOFFICE OF FATHER Effingham(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE South Car.(13) OCCUPATION See Hand RR C(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Williams(15) PRESENT POSTOFFICE OF MOTHER Effingham(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE South Car(19) OCCUPATION House wife(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 1/12/16 4:20 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dollie Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife

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 191... (28) D. H. Cannon 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