

Form No. 2

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

4761

County of ColoneeTownship of Seneca

Incr. Town of \_\_\_\_\_

City of \_\_\_\_\_

Registration District No. 3594Registered No. 201

(For use of Local Registrar)

(No. \_\_\_\_\_)

(St. \_\_\_\_\_)

(Ward \_\_\_\_\_)

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

(2) Full Name of Child Delias Connely

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

Feb 10 1928  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Reese Connely

(9) PRESENT POSTOFFICE OF FATHER

Seneca

(10) COLOR OR RACE

colored(11) AGE AT LAST BIRTHDAY 2  
(Years)

(12) BIRTHPLACE

Fair Play

(13) OCCUPATION

Saw Milling

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

3

## MOTHER

(14) NAME BEFORE MARRIAGE

Rosa Barton

(15) PRESENT POSTOFFICE OF MOTHER

Seneca

(16) COLOR OR RACE

colored(17) AGE AT LAST BIRTHDAY 21  
(Years)

(18) BIRTHPLACE

Westminster

(19) OCCUPATION

cooking

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Molly Moody

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Seneca

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/1/28

(28)

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.