

## 1. PLACE OF BIRTH

County of OrangeburgTownship of BranchvilleIn Township of BranchvilleCity of Branchville

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

2. Full Name of Child W. S. Connor Jr. If child is not yet named, make supplemental report as directed

3. SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept - 12 1922  
(Name of Month) (Day) (Year)

## FATHER.

(1) NAME Willie S. Connor(2) PRESENT POSTOFFICE OF FATHER Branchville SC(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(4) BIRTHPLACE Cellinton CD(5) OCCUPATION Student Operator(6) Number of children born to father including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Canning(15) PRESENT POSTOFFICE OF MOTHER Branchville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE New York CD(19) OCCUPATION Domestic(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 born alive at Branchville SC on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. N. Horner (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville SC

26. Give name added from a supplemental report

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

(27) Filed Oct 9 1922 (28) F. S. Connor Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. If over, or so, it must not be reported as stillborn. No report is desired of stillbirths before the birth of pregnancy.