

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

File No. — For State Registrar Only
76418

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

Registration District No. **1301**Registered No. **136**

(For use of Local Registrar)

(2) Full Name of Child **William May Connada**

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

(3) BOY OR GIRL **Girl**

(4) Twin or Triplet?

(5) Number in order of birth **3**

To be answered only in event of Twins or Triplets

(6) Are Parents Married? **No**

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) **Sept. 7, 1916****FATHER.**

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE **negro**

(11) AGE AT LAST BIRTHDAY

(Years) **24**

(12) BIRTHPLACE

(13) OCCUPATION

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

Three**MOTHER.**

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE **negro**

(17) AGE AT LAST BIRTHDAY

(Years) **23**

(18) BIRTHPLACE

(19) OCCUPATION

(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 **Born** at **10 30 P.M.** on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)(23) (Signature) **Margaret Smith**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Pinewood St

Given name added from a supplemental report

My G. Smith 191
Registrar

(26) Witness

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

(27) Filed **9/9** 1916

(28)

My G. 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.