

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42802

(1) PLACE OF BIRTH

County of Darlington

Township of

or
Inc. Town of Cartersville

or
City of

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

(2) Full Name of Child C. L. Connor Jr

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? 1

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 16, 1915

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Cloudy J. Connor

(9) PRESENT POSTOFFICE OF FATHER Cartersville, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Darlington Co

(13) OCCUPATION Deputy Agent

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Liddie Marie Land

(15) PRESENT POSTOFFICE OF MOTHER Cartersville, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE Darlington Co

(19) OCCUPATION Housewife

(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, who was Alive at 3 Am on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Boykin M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cartersville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.

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FORM NO. 2
MAY 1915
REMAIN UNREMOVED FROM BINDING.
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.