

FORM NO. 4
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.
McCay, of Columbia.

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Columbia
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 389 Registered No. 1243
(For use of Local Registrar)
St.;
Ward)
(2) Full Name of Child Lucille Henry Conder If child is not yet named, make supplemental report as directed

(3) BOY or GIRL <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas Longish Conder</u>			(14) NAME BEFORE MARRIAGE <u>Annie Lucie Suterland</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>2018 Assembly St Columbia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>2018 Assembly St Columbia S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Columbia S.C.</u>			(18) BIRTHPLACE <u>Columbia S.C.</u>	
(13) OCCUPATION <u>Salesman</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:0 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Suterland

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1501 Long St

Given name added from a supplemental report 10/14/16

(26) Witness Will C. Gwyn (Signature of Witness necessary only when question 23 is signed by midwife)

(27) Filed 10/14/16 (28) Will C. Gwyn 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.

State of South Carolina

County of Richland

Personally appeared before me Lucille Hamby Conder who upon being duly sworn deposes and says that she has always been known as Lucille Hamby Conder and that this name was omitted from her birth certificate filed in the office of the Bureau of Vital Statistics, Columbia, South Carolina.

Lucille Hamby Conder
Lucille Hamby Conder

Sworn to before me this 14th
day of October, 1941.

Julia Kiddle
NOTARY PUBLIC FOR SOUTH CAROLINA