

Form No. 1

## (1) PLACE OF BIRTH

County of Claenden  
 Township Concord  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41746

Registration District No. 1502Registered No. 123  
(For use of Local Registrar)

St.; ..... Ward)  
 (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 Carie L. Conyers (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Yes 7) DATE Dec 14 22  
 BIRTH (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Sam Conyers  
 9) PRESENT POSTOFFICE OF FATHER Summerton SC  
 10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 40  
 12) BIRTHPLACE Claenden Co  
 13) OCCUPATION Farmer

## MOTHER.

14) NAME BEFORE MARRIAGE Carie Conyers  
 15) PRESENT POSTOFFICE OF MOTHER Summerton SC  
 16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 35  
 18) BIRTHPLACE Claenden Co  
 19) OCCUPATION Home + washing  
 20) Number of children born to mother, including present birth 5

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Carie at 10:22 A.M. or P.M. on the date above stated. (Born alive or stillborn)

(23) (Signature) John(24) State of South Carolina or Midwife(25) Address of Physician or Midwife Summerton SC

Given name added from a supplemental report

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

(27) Jan 5 22 (28) H. Pickens

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make and return a report if a child breathes even once. (If a child is reported as stillborn, No report is desired or required.)