

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Calhounor  
Inc. Town of Calhounor  
(City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32528

Registration District No. 4110 Registered No. 36

(For use of Local Registrar)

(City of ..... (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 Latheer Conyers (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Married</u>	7) DATE OF BIRTH <u>Sept 4 1932</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Siteler Conyers9) PRESENT POSTOFFICE OF FATHER Wrenwood10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
(Year)12) BIRTHPLACE S.C.13) OCCUPATION Farmer14) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Susan Bingle15) PRESENT POSTOFFICE OF MOTHER Wrenwood S.C.16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22  
(Year)18) BIRTHPLACE S.C.19) OCCUPATION Domestic20) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie L. L.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wrenwood

Given name added from a supplemental report

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

(27) Filed Oct 5 1932 (28) A.S. Singler 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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 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.