

11.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
N. 1 McCaw, of Columbia  
WR

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		43052	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2-2-0-9</u>		Registered No.	
or		City of <u>Greenville</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>Ward</u>			
(2) Full Name of Child <u>Samuel Jackson Connell</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11 1915</u>	(8) St. <u>Ward</u>
FATHER		MOTHER			
(8) FULL NAME <u>Andrew J. Connell</u>		(14) NAME BEFORE MARRIAGE <u>Eliza Johnson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Johnson City</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>26</u>			
(12) BIRTHPLACE <u>Spartanburg Co.</u>		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>23</u>	
(13) OCCUPATION <u>Weaver</u>		(18) BIRTHPLACE <u>Spartanburg S.C.</u>			
(20) Number of children born to mother, including present birth <u>7</u>		(19) OCCUPATION <u>Housewife</u>			
		(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>C. H. Connell</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Greenville</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
191...		(27) Filed <u>Dec 20 1915</u> (28) <u>A. H. Mackay</u> 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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