

1) DESIGN OF CHILD

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

File No.—for State Register Only
28339

County of Williams
Township of Milledge
of
Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2013 Registered No. 57
(For use of Local Registrar)
St. Ward

2) Full Name of Child Eric Sean McConroy If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (6) Twin or Triplet? (7) Number in order of birth (8) Age Parents Married? (9) DATE OF BIRTH Mar 5 93
(Name of Month) (Day) (Year)

FATHER
FULL NAME William H. McConroy
PRESENT POSTOFFICE OF FATHER
COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE
OCCUPATION
Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Erica D. McConroy
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE
(19) OCCUPATION
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature)
(24) State whether Physician or Midwife (23) Address of Physician or Midwife

4) Name added from a supplemental report
..... 191
..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 191 (28) Local Registrar

5) If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

..... Registrar