

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27380

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

John Peter Connolly Jr.

If child is not yet named, make supplemental report as directed

(3) SEX OR

(4) Birth or Adoption?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Sept 17, 1923

(8) FULL NAME

John Peter Connolly

(9) PRESENT POSTOFFICE OF FATHER

726 King St.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Owner a Manager Connolly

(14) NAME BEFORE MARRIAGE

Mother & H. Higgins

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

L. M. Connolly, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

9/25 1923 J. M. Connolly, M.D.

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.