

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of York

or
Inc. Town of
or

City of (No. St.; Ward)
(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

47765

Registration District No. 4908 Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child Willie May M^cConnell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married ye (7) DATE OF BIRTH Jan. 16, 1916
To be answered only in event of Twins or Triplets (Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dave M^cConnell

(9) PRESENT POSTOFFICE OF FATHER York S. C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE York S. C.

(13) OCCUPATION Farmer Land

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Wilson

(15) PRESENT POSTOFFICE OF MOTHER York S. C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE York S. C.

(19) OCCUPATION Farmer Land

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Anderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid-wife York S. C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Jan 18 1916 (28) Jos. J. Barrow Local Registrar

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—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.
McCaw, of Columbia.

*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.