

WRITER PLAINLY, WITH UNFADING INK—THERE IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 CHILD—FIRST, SECOND, etc. in question 6.  
 Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston  
 Township of 11  
 or  
 Inc. Town of 11  
 or  
 City of 11

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

File No.—For State Registrar Only

13974

Registration District No. 9 A

Registered No. 703  
 (For use of Local Registrar)

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

(2) Full Name of Child

Cyrus Connally

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Cyrus Connally  
 (9) PRESENT POSTOFFICE OF FATHER Chas. SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
 (12) BIRTHPLACE Muscogee Oklahoma  
 (13) OCCUPATION Mechanic  
 (20) Number of children born to mother, including present birth 2

MOTHER  
 (14) NAME BEFORE MARRIAGE Hattie May Lewis  
 (15) PRESENT POSTOFFICE OF MOTHER Chas. SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Lexington Mo  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chas. SC  
 Given name added from a supplemental report  
 (26) Witness [Signature] (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed 5/29/22 (28) Local Registrar J. M. Green, 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.

(Date)

Filed 5/20/22  
 COR. 5/9/28

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J. M. Green, M.D.  
 Registrar