

Form No. 1

## (1) PLACE OF BIRTH

County of Allendale  
 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  
**17381**

Registration District No. 4600 Registered No. 49  
 (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 Arthur Connor 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 June 1, 1922  
 To be answered only in event of Twins or Triplets (Sign of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Herbert Connor  
 (9) PRESENT POSTOFFICE OF FATHER Allendale SC  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Mechanic

MOTHER.  
 (14) NAME BEFORE MARRIAGE Ella Curry  
 (15) PRESENT POSTOFFICE OF MOTHER Allendale SC  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 alive at 7 P M., on the date above stated. (Born alive or stillborn, Hour A. M. or P. M.)

(23) (Signature) Georganna Eady  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale SC

Given name added from a supplemental report

(26) Witness L. H. Boyd MD (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 20, 1922 (28) L. H. Boyd MD 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.

THIS IS A PERMANENT RECORD. 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.