

Form No. 1

(1) PLACE OF BIRTH

County of North
 Township of High
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 25

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child James Conway

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> <small>To be answered only in event of Twin or Triplet</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 23</u> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>William Conway</u>			(14) NAME BEFORE MARRIAGE <u>Lucy Pullock</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Laurens S.C.</u>			(18) BIRTHPLACE <u>Laurens S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born ... at ... 4:30 ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) May Phillips(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

(26) Witness James Conway
(Signature of Witness necessary only when question 27 is signed by mark)

(27) Filed May 27 1929 (28) L. M. Williams
 Registrar 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.

Bureau of Statistics, Columbia, S. C.