

County of W. C. Berry  
Township of #9  
or  
Inc. Town of.....  
or  
City of .....

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

35759

Registration District No. 3466 Registered No. 100  
(For use of Local Registrar)

Registered No. 100  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth
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To be answered only in event of Twins or Triplets

(5) Are Parents Married? *Yes*

(7) DATE OF BIRTH Sept 17, 22  
(Name of Month) (Day) (Year)

FATHER.  
FULL NAME David E. Connor

PRESENT POSTOFFICE OF FATHER *Little Neenah*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Years)

17 BIRTHPLACE

15 OCCUPATION

farmer

NUMBER OF CHILDREN BORN TO  
mother, including present birth: 7

**CERTIFICATE OF ATTENDANCE**

(14) NAME BEFORE MARRIAGE Emma Boland **MOTHER.**

(15) PRESENT POSTOFFICE *Little Mountain*

(15) COLOR OR light (17) AGE AT LAST BIRTHDAY 36

RACE White (1 char)  
(18) BIRTHPLACE IL

(19) OCCUPATION \_\_\_\_\_

Horsewife

(21) Number of children of this mother now living, including present birth 8

child, who was.....at.....M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... 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 P.O. Box 1000

SECRET

Given name added from a supplement-  
al report

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

(27) Filed ..... 19 ..... (28) ..... 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.

**STATIONERIES, PRINTING, BOOKS, ETC.**