

Form No. 1.

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of EasleyCity of Easley

(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

65886

Registration District No. 37-2 Registered No. 70

(For use of Local Registrar)

## 2) Full Name of Child

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Age Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 21</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Bridgie E. Connel</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Edens</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Easley, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Easley, S.C.</u>	
(10) COLOR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Summerville Co. S.C.</u>			(18) BIRTHPLACE <u>Pickens Co. S.C.</u>	
(13) OCCUPATION <u>Cotton Mill</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M. on the date above stated. (Stillborn or Stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. Wyatt

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

Physician Easley, S.C.

Given name added from a supplemental report

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

(27) Filed June 21 (28) E. H. Wyatt 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.

MARGIN RESERVED FOR INDEXING.  
 WRITED 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.