

Form No. 1

(1) PLACE OF BIRTH  
 County of Richland **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Blythewood  
 or  
 Inc. Town of ..... Registration District No. 2800 Registered No. 96  
 or  
 City of ..... (No. .... St. .... Ward .....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
70169(2) Full Name of Child. James Connor { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? <u>Twin</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 12 1916</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(3) FULL NAME <u>Rich Connor</u>	(14) NAME BEFORE MARRIAGE <u>Jane Gorman</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Blythewood SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blythewood SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Richland Co SC</u>	(13) OCCUPATION <u>Farm work</u>	(18) BIRTHPLACE <u>Richland Co SC</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</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 alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte McLean(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blythewood SC

Given name added from a supplemental report

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

(27) Filed 8/10 1916 (28) W. A. McLean 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.

THESE TABLES WITH UP-TO-DATE INFORMATION ARE AVAILABLE TO THE PUBLIC AT THE REGISTRY OF VITAL STATISTICS, COLUMBIA, S. C.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCay, of Columbia.