

(1) PLACE OF BIRTH

County of ClarendonTownship of Sanderor
Inc. Town ofor
City of

(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

18254

Registration District No. 13/3Registered No. 38
(For use of Local Registrar)(2) Full Name of Child John Conyers

{ 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 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Conyers(9) PRESENT POSTOFFICE OF FATHER Davis Station SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Clarendon Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Conyers(15) PRESENT POSTOFFICE OF MOTHER Davis Station(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Clarendon(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

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) Julia Nelson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis Station SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 22, 1922 (28) White 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.