

Form No. 1

(1) PLACE OF BIRTH

County of AmesburyTownship of Penn

or

Inc. Town of

or

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

54088

Registration District No. 4308 Registered No. 20

(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.)

(2) Full Name of Child Jane Conyers { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 25</u> <u>1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Conyers(9) PRESENT POSTOFFICE OF FATHER Lanes S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Lanes S.C.(13) OCCUPATION Farm Laborer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Evelyn Correll(15) PRESENT POSTOFFICE OF MOTHER Lanes S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Lanes S.C.(19) OCCUPATION Farm Laborer(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Caroline June(24) State whether Physician or Midwife (25) Address of Physician or Midwife mdwife Lanes S.C.

Given name added from a supplemental report

191....

Registrar

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

(27) Filed 3/26 1916 (28) J. L. Baggett 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.

Albert R. Morley
Local Registrar

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.