

(1) PLACE OF BIRTH

County of Horry

Township of Flayds

OR
Inc. Town of

OR
City of

(If birth occurs in a place not otherwise named)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

64844

Registration District No. 2508

Registered No. 40
(For use of Local Registrar)

(2) Full Name of Child

Not Named
Paul Edward Conway

St.; Ward)
of street and number.)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? 1
To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie N. Cruise

(9) PRESENT POSTOFFICE OF FATHER Labor, N.C. R.F.D #2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE Horry Co., S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Price

(15) PRESENT POSTOFFICE OF MOTHER Labor, N.C. R.F.D #2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Bayton, N.C.

(19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 440 U M.,
on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) A. D. Williams, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Labor, N.C. R.F.D #2

Given name added from a supplemental report

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

(27) Filed June 25 1916 (28) S.E. Williams
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.

Registrar

Local Registrar

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WHEN IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS OTHER, NO. 2, ETC., IN QUESTION 5.

N. B. McCraw, of Columbia