

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Concord
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

24024

Registration District No. 1302 Registered No. 41
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) Sex of Child Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Child 16 (7) Date of Birth Aug 16 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) Full Name Jim Conyers
 (9) Present Postoffice of Father Summerville
 (10) Color or Race col (11) Age at Last Birthday 28
 (12) Birthplace Clarendon
 (13) Occupation Truck Driver

(14) Name before Marriage Rena Conyers
 (15) Present Postoffice of Mother Summerville
 (16) Color or Race col (17) Age at Last Birthday 26
 (18) Birthplace Clarendon
 (19) Occupation Home Friend
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Agness Conyers (23) Address of Physician or Midwife Summerville

(24) Name of Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by midwife)

(26) Date Aug 23 23 (27) File Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.