

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Edisto

Inc. Town of .....

City of .....

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

(2) Full Name of Child Ernest Lee Connor

No. for this Register

22079

Registered No. 23  
(For use of Local Registrar)(3) BOY OR  
GIRL Female(4) Type  
of Birth Normal(5) Sex  
of Child Female(6) Age  
in Years 10(7) DATE OF  
BIRTH April 21, 23

## FATHER.

(8) FULL  
NAME Delmon Connor(9) PRESENT  
RESIDENCE  
OF FATHER Cordova OC(10) STREET  
OF FATHER Orangeburg SC(11) CITY  
OF FATHER Farmington(12) COUNTY  
OF FATHER Orangeburg SC(13) STATE  
OF FATHER SC(14) NUMBER OF CHILDREN BORN TO  
MOTHER, INCLUDING PRESENT ONE 2

## MOTHER.

(15) FULL NAME  
MOTHER Anna Belle Brizeman(16) PRESENT  
RESIDENCE  
OF MOTHER Cordova OC(17) STREET  
OF MOTHER Orangeburg SC(18) CITY  
OF MOTHER Worland Farm(19) COUNTY  
OF MOTHER Orangeburg SC(20) STATE  
OF MOTHER SC(21) NUMBER OF CHILDREN OF THIS MOTHER  
NOW ALIVE, INCLUDING PRESENT ONE 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M.  
on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature)

(24) (Address)

Physician or Midwife

(25) Address of Phys.

or Midwife

Given name added from a supplement-  
tal report

(26) (Signature)

(Signature of Witness necessary only  
when question 22 is signed by mark)

(27) Filed

July 1, 1923

(28) M. R. Conner

Local Registrar

When there was no attending physician or midwife, 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.