

No. 3.

(1) PLACE OF BIRTH

County of ScraperTownship of Forkor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 305

File No.—For State Registrar Only

223Registered No. 9

(For use of Local Registrar)

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 Johy Henry Connor

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 15 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME Ron Thells(9) PRESENT POSTOFFICE OF FATHER Seneca SC(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 17
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Muthis Connor(15) PRESENT POSTOFFICE OF MOTHER Townville SC(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 14
(Years)(18) BIRTHPLACE Anderson SC(19) OCCUPATION Housewife(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 slvr at 9 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. T. Hobson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19
Registrar(27) Filed Feb 1922(28) J. T. Hobson

When there was no attending physician or midwife, then the father, householder, etc., should make. If a child breathes even once, it must not be reported as stillborn. No report is desired or sent before the fifth month of pregnancy.