(1) PLACE OF BIRTH

County of Chester

Township of Baton Rouge

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
41551

Registration District No. 1100 Registered No. 63
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		yes	Dec. 31, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME William Conley	(14) NAME BEFORE MARRIAGE Evelyn McConnell Roberts
(9) PRESENT POSTOFFICE OF FATHER Lowryville, #2, Sl.	(15) PRESENT POSTOFFICE OF MOTHER Lowryville, #2, Sl.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Chester Co.	(18) BIRTHPLACE Chester Co.
(13) OCCUPATION Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 12	(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 4 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Bill Conley

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Lowryville, #2, Sl.

Given name added from a supplemental report.

.....

..... Registrar.

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

(27) Filed Jan. 1st 1923. (28) J. A. Cornwell
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.

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.

McCaw of Columbia, Columbia, S. C.