

FORM NO. 1.

(1) PLACE OF BIRTH

County of York

Township of Catawba

or
Inc. Town of Catawba

City of

(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

45045

Registration District No. 4404

Registered No. 138

(For use of Local Registrar)

(2) Full Name of Child

Cecil 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 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 4 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank Connor

(9) PRESENT POSTOFFICE OF FATHER

Catawba

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE

Catawba S.C.

(13) OCCUPATION

Farmer

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

Four

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Almetta Wiley

(15) PRESENT POSTOFFICE OF MOTHER

Catawba S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

Catawba S.C.

(19) OCCUPATION

Housekeeper

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

G. N. Hill M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Catawba S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 1/1 1916

(28) J. R. Miller 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.