

NAME OF
 GRADE OF
 DATE OF
 TIME OF

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38032

Registration District No. 7403

Registered No. 94
(For use of Local Registrar)

(No. St.) Ward)
(Institution give name of same instead of street and number.)

Name of Child Edna May If child is not yet named, make supplemental report as directed

<p>4</p> <p>(4) Twin or Triplet <input checked="" type="checkbox"/></p> <p>To be answered only in event of Twin or Triplet</p>	<p>(5) Number in order of birth <input checked="" type="checkbox"/></p>	<p>(6) Are Parents Married <input checked="" type="checkbox"/></p>	<p>(7) DATE OF BIRTH <u>11-21-23</u></p> <p>(Name of Month) (Day) (Year)</p>
--	---	--	--

FATHER.

FATHER.
Lee Bee Conington

Rock House

W. (11) AGE AT LAST BIRTHDAY 29 (Year)

Calcutta 20 NC.

1. Index

Number of children born to
father, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE Mattie May Adams

(10) PRESENT POST OFFICE OF MOTHER *Roseville*

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27
(Yrs)

(16) BIRTHPLACE

York Co

(7b) OCCUPATION Driver

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Here give sex of child) (Hour A. M. or P. M.)

(28) (Signature) [Signature]
(29) State whether Physician or Midwife ☒ Physician ☐ Midwife (30) Address of Physician or Midwife _____

name added from a supplemental report

(20) Witness (Signature of Witness necessary only
when question 20 is signed by mark)

(27) Filed 12/11/23 to 23 (28) Jr Miller
Local Registrar.

Registrar

If 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.