

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Edisto  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

No. for this report 25785

Registration District No. 3603 Registered No. 23  
 (For use of Local Registrar)

City of ..... (No. .... 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 Anna Lou Connor If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age of Person Married yo (6) DATE OF BIRTH April 21, 1923  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John W. Connor</u>	(10) NAME BEFORE MARRIAGE <u>Anna Bell Brigman</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Carlisle S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Carlisle S.C.</u>
(12) COLOR OR RACE <u>colored</u>	(13) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(14) COLOR OR RACE <u>colored</u>	(15) AGE AT LAST BIRTHDAY <u>20</u> (Year)
(16) BIRTHPLACE <u>Edisto S.C.</u>	(17) BIRTHPLACE <u>Edisto S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Work on farm</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## 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) William A. Carter  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Rockville S.C.

(Given name added from a supplemental report)

(26) Witness M. K. A.  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 1, 1923 (28) M. K. A.

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