

## (1) PLACE OF BIRTH

County of *Charleston S.C.*Township of *Charleston S.C.*Inc. Town of *Charleston S.C.*City of *Charleston S.C.*

(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

88705

Registration District No. *9X* Registered No. *1384*  
(For use of Local Registrar)

## (2) Full Name of Child

*Richmond Conyers*

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

to be reserved only in case of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Dec. 8th*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Edward Conyers*(9) PRESENT POSTOFFICE OF FATHER *Charleston S.C.*(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *38* (Years)(12) BIRTHPLACE *Moncks corner S.C.*(13) OCCUPATION *Laborer*(14) Number of children born to mother, including present birth *6*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Anner Gray*(16) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*(17) COLOR OR RACE *colored* (18) AGE AT LAST BIRTHDAY *29* (Years)(19) BIRTHPLACE *Moncks corner S.C.*(20) OCCUPATION *Laundress*(21) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2:15* *P.M.*  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *Albie D. Dancy* (24) Address of Physician or Midwife *115 Thompson St.*

(25) State whether Physician or Midwife

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 *17/13/16*

(28)

Local Registrar

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

fifth month of pregnancy.