

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of stillbirth, state date when child was born, and mark the
M. B.—In case of stillbirth, state date when child was born, and mark the

(1) PLACE OF BIRTH

County of Anderson
Township of Clintonville
or
Inc. Town of Clintonville
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3020

Registration District No. 303Registered No. 13
(For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elizabeth M. Connell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl(4) Twin or Triplet? ☒(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

BIRTH Feb 17, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME And Franklin M. Connell(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R.F.D. #2(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth VI

MOTHER.

(14) NAME BEFORE MARRIAGE Claudia Snipes(15) PRESENT POSTOFFICE OF MOTHER Anderson R.F.D. #2(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was, born alive at 12th on the date above stated. (Born alive or stillborn (Hour, M., or P.M.))(23) (Signature) Alma J. Connell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson

Gives name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(28)

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.

before the fifth month of pregnancy.