

(1) PLACE OF BIRTH

County of Fairfield

Township of

or

Inc. Town of

or

City of Winnboro

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

(2) Full Name of Child Edgar Fernese Conner If child is not yet named, make supplemental report as directed

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|-----------------------------|--|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets | (5) Number in order of birth <u>-</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 9, 1922</u> (Name of Month) (Day) (Year) |
|-----------------------------|--|---------------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME Maer Conner(9) PRESENT POSTOFFICE OF FATHER Winnboro SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)(12) BIRTHPLACE Manion SC(13) OCCUPATION Textile operator(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Lea Polson(15) PRESENT POSTOFFICE OF MOTHER Winnboro SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Chertfield County(19) OCCUPATION Housework(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 born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. A. McCants MD(24) State whether Physician or Midwife (25) Address of Physician or Midwife Winnboro SC

Given name added from a supplemental report

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

(27) Signed Jan 8, 1923 (28) D. M. Haynes 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.

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