CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31775

(1) PLACE OF BIRTH

County of Barnwell

Township of Williston

or

Inc. Town of .....

or

City of .....

Registration District No. 1817 Registered No. 29
(For use of Local Registrar)

(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 Etta Conyers

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	19 (Year)
Girl			Yes	April	18	23

FATHER.

(8) FULL NAME Jim Conyers

(9) PRESENT POSTOFFICE OF FATHER Williston S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Gantt

(15) PRESENT POSTOFFICE OF MOTHER Williston S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 M., on the date above stated. (Born alive or stillborn) (Either A. M. or P. M.)

(23) (Signature) Della Barnwell

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Williston S.C.

(Given name added from a supplemental report)

..... 19 .....
Registrar

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

(27) Filed Sept 23 19 23 (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.